
**The Attribution Of Responsibility for Child
Sexual Abuse in a New Zealand Setting: A
Replication Study**

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A thesis submitted in partial fulfilment
of the requirements for
the degree of
Master of Arts in Psychology

University of Canterbury

1992

This thesis is dedicated to my mother.

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Acknowledgment

To the many students and professional/volunteer workers who gave their time to this study, I would like to express my thanks.

I would also like to thank my supervisor Professor Strongman, without whose help and support I would never have been writing this thesis.

Lastly I would like to thank all my friends and family for their continuing support over the years, especially my partner Simon, Lisa and Paul for keeping me laughing (mostly).

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ABSTRACT

This study is a replication of Broussard and Wagner (1988). The study included written descriptions of a sexual encounter between an adult and a child to examine the way in which the gender of the child, the gender of the adult, the gender of the subject/respondent and the response of the child affected the attribution of responsibility for child sexual abuse. The attribution of responsibility was examined in two samples who were presumed to differ in terms of specific education in, and experience of child sexual abuse. A total of 144 students attending the University of Canterbury (72 females, 72 males) and 65 individuals working professionally or on a voluntary basis within the field of child sexual abuse participated in this study. Data were analysed using analysis of variance (ANOVA). Significant differences in the attribution of responsibility were found between the groups. Results for the Student sample indicated that the gender of the respondent affected the attributions made both to the child and to the adult. The response of the child also affected the way Students attributed responsibility to the child. No significant effects were established for the gender or response variables on the Professional/Volunteer sample.

These findings are discussed in relation to previous research and future direction for research are suggested.

INTRODUCTION.

Sexual connections between adults and children are by no means peculiar to this century. Historically children have often been associated with roles with covert or more explicit sexual connotations. These include roles such as marriage and prostitution. However, it is only in recent decades that the sexual use of children by adults has been popularly regarded as harmful to the child, and even more recently a problem of social significance.

This recognition has accompanied a greater commitment to research concerning the effects, treatment and dynamics of adult/child sexual relations, and a dramatic increase in the reporting of what has come to be termed child sexual abuse. Despite the vast amount of research concerning child sexual abuse, much remains to be learned. Recently there has been increasing interest in the area of attitudes toward child sexual abuse, particularly how these affect the attribution of responsibility. This follows the rape research of Burt (1980) and others who found that subjects will often attribute responsibility to the rape survivor, on the grounds that they somehow "asked for it", perhaps by dressing or acting in a particular way. The theory that the child victim of abuse "may have been the actual seducer" (Bender and Blau, 1937) has been propounded by several researchers either explicitly as above, more implicitly in their choice of language. In their study, Brant and Tisza (1977) refer to a five year old girl brought into the emergency room with vaginal bleeding as "a bright precocious seductive five-year-old who sat with her legs apart." Clearly if such views are held at a scientific level, everyday beliefs warrant further investigation. It is the area of attribution of responsibility for child sexual abuse which is the particular concern this thesis.

Definition of Child Sexual Abuse:

Child sexual abuse involves children and adults from all socioeconomic and cultural backgrounds. While female children appear to be most typically abused, it has now become increasingly apparent that a large number of male children have also suffered sexual abuse. Likewise, the general public is beginning to recognise that the sexual abuse of children is not perpetuated by males exclusively but may also be practiced by females. However, it is fair to say that there is an extreme paucity of research concerning the male victim and the female perpetrator.

In the majority of cases of child sexual abuse the perpetrator is known to the child. Khan and Sexton (1983) analysed 113 cases of abuse and found that 93% of the offenders were known to the family, with 44% being relatives. Similar findings were made in a New Zealand sample of over 315 females. In this survey, Jackson (1980) found that 44.7% of the perpetrators were relatives, with only 11.75% being total strangers to the child.

Definitions of child sexual abuse abound in the literature, however developing a comprehensive definition is extremely difficult. Perhaps the most widely accepted definition is that formulated by Henry Kemp (in Kemp and Kemp, 1987, p 61), who writes that child sexual abuse,

... is the involvement of dependent developmentally immature children or adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of the family role.

(Kemp and Kemp, 1987, p.61).

This definition serves to highlight the idea put forward by many researchers that child sexual abuse is not merely a sexual act, but is also associated with power and the abuse of power (Doyle, 1987; Kelley, 1986; Search, 1988; Swan, 1984, in Abbott, 1984). Doyle (1987, p5) suggests this power may be “parental authority, superior strength, more sophisticated knowledge, or the child’s total trust.” This kind of abuse of power has been associated with a type of learned helplessness in children who experience long-term abuse, especially those involved in incest (Kelley, 1986). Kelley claims that victimised children, especially those subject to long-term abuse “begin to believe that they are incapable of changing outcomes...”.

Kemp’s definition also allows for the possibility that the abuse may be perpetrated by an older child. This fact , recently supported by McConnell (1991) in a newspaper article who reported that “many of those charged (with sexual abuse) in New Zealand admit to offending in their teens.”. In the same article a Christchurch Social Welfare worker warns that “boys eight to 10 years old are being left as babysitters and are abusing young kids...”.

Another clever definition put forward by Abbott (1987, in Abbott and Braun, 1987) places child sexual abuse in the broader perspective of child abuse. Abbott’s diagrammatic representation (Table 1) also includes sexual ignorance as a form of sexual abuse which implies that a child can be neglected by not receiving enough information to make decisions about appropriate and inappropriate sexual behaviour.

Table 1
Aspects of Child Abuse (Abbott 1987)

	PHYSICAL	EMOTIONAL	SEXUAL
ABUSE	Battering etc	Personality Distortion	Incest etc
NEGLECT	Deprivation	Emotional Deprivation	Sexual Ignorance

Unlike many others who attempt to define child sexual abuse, neither Kemp, nor Abbott attempt to incorporate the multiplicity of behaviours which could be termed sexually abusive. Rather than detract , this serves to make their definitions more elegant and uncluttered. It also allows them to incorporate a wider variety of behaviours than those definitions which seek to etch a clear boundary between sexual abuse, and acceptable behaviour, or feelings. Clearly, sexual abuse is many things; it is diverse.

Incidence of Child Sexual Abuse

The true incidence of child sexual abuse is impossible to determine. Despite the horrendous nature of the crime, many researchers agree that the sexual abuse of children is greatly under-reported (Jackson and Ferguson, 1983; Kelley, 1990; Saphira, 1987). Although figures indicate that an increasing number of people are reporting their experience, it is fair to say that reported cases still represent only the tip of the iceberg.

Effects of Child Sexual Abuse

The effects of child sexual abuse are difficult to determine absolutely due to certain limitations intrinsic to any study in this area. Andrews and Merry (1987, in Abbott and Braun, 1987, 54) list four main problems with effects research:

1. Sampling bias (Studies either concentrate on a defined group and then extrapolate their findings to all sexually abused children or vice versa),
2. Disentangling the source of the trauma (is the behaviour related to sexual abuse or some other factor),
3. Lack of objective measure of psychological ill effects, and
4. failure to determine developmentally specific effects (ie how age and developmental stage influence the expression of the effects of abuse).

However, while these are all legitimate criticisms of the existing literature, one can hardly fail to see the consistency of the findings in this area which indicate a strong correlation between child sexual abuse and "a certain pattern of effects" which is patently obvious in the literature.

According to the current literature, the effects of child sexual abuse are wide and varied. Although much of the research seems to suggest that sexual abuse may have primary and long-term consequences, no longitudinal research following the development of the sexually abused child into adulthood exists to date. For this reason, Browne and Finkelhor (1986) categorise their findings in their review of the literature, in terms of initial and long-term effects. The initial effects are defined as those effects which occur within two years of the abuse. Browne and Finkelhor point out that they use the term initial effects rather than the popular term, primary effects because "the latter implies that the reactions do not persist" an assumption which has not yet been substantiated.

Browne and Finkelhor's review of the literature with initial effects such as fear, anxiety, depression, anger and hostility, and inappropriate sexual behaviour. Their summary of the long-term effects includes depression, self-destructive behaviour, anxiety, feelings of isolation and stigma, poor self esteem, a tendency toward revictimisation and substance abuse. They also report findings of sexual dysfunction, impaired sexual self esteem, avoidance or abstention from sexual activity, and the difficulty many who have been abused have in trusting people.

Like Andrews and Merry (1987, in Abbott and Braun, 1987), Browne and Finkelhor recognise the limitations of the research. However their review implies overwhelmingly that sexual abuse indeed has consequences, which appear to be negative, often reaching into the adult life of the abuse survivor.

Sexual Abuse in New Zealand

"As recently as 1972 a Minister of the Crown wrote in a foreword to a Department of Social Welfare report that... child abuse is not a problem of major social importance in New Zealand... few, if any would make such claims today."

Geddis, 1988, p 3

The first national gathering on child abuse in New Zealand was organised in 1979 and focused on the detection of physical abuse and the enhancement of its treatment. Since then there have been semi regular meetings involving various groups and organisations which have attempted to develop a multidisciplinary approach to the detection, treatment and prevention of child abuse. In the last decade child abuse has been placed on the 'social agenda', thanks largely to a variety of dedicated individuals, community and

professional groups, and researchers concerned with the rights and well-being of New Zealand children.

Although largely overlooked at the first meeting, child sexual abuse has in more recent years occupied an increasingly more dominant position on the agenda, as more is learned about its occurrence and its effects on its survivors. Although much of our knowledge is from overseas research more effort is being put into finding out about child sexual abuse in our own back yard.

One of the first to explore the area of sexual abuse in a New Zealand setting was Miriam Jackson (now Miriam Saphira). Her landmark survey in 1980 served to highlight sexual abuse as a reality in New Zealand and to dispel many myths. In her study of 315 women responding to a sexual abuse survey, Jackson found that 71.27% had been abused before they were 11 and 11.75% had been abused under the age of six. Of the 84 women in the survey who reported they had experienced full intercourse 14.29% had been aged five or under at the time! Jackson also found that the offender was often known (41.59) and usually either related (44.77) to the child. This research effectively paved the way for other research in this area

As in other countries, the true incidence of child sexual abuse (especially that involving a male child) is difficult to determine. However a number of estimates have been put forward which indicate that it is a problem of considerable proportions in this country. A report to the Mental Health Foundation of New Zealand suggested that "one in four girls and one in ten boys will be sexually molested before their sixteenth birthday" (Abbott, 1985, in Saphira, 1987, 3). A study of 1100 Wellington school pupils found that 38% of the girls and 12% of the boys had experienced at least one incidence of

unwanted touching and that 5% of the girls under 16 had been raped (McKenzie, 1984, in Saphira, 1987).

In a Dunedin study looking at the impact of sexual physical abuse on women's mental health, researchers found correlations between sexual abuse and high scores on psychiatric symptomology (Mullens, Romans-Clarkson, Walton and Herbison, 1988). The researchers estimated from their sample of 2000 randomly selected women "a rate of reported child sexual abuse of 9.9% for the population as a whole" (Mullens et al, 1988, 842). It is interesting to note however that this study was based on abuse occurring at age 12 or under.

In a recent article in the Christchurch Press, McConnell (1991) reported that in Christchurch alone over the last two years the Department Of Social Welfare Special Services division has conducted 600 interviews relating to sexual abuse, of which 35% involve boys. The same article reports that the Christchurch Police Child Abuse Unit had a total of 74 cases of sexual abuse reported (43 against girls and 31 against boys) from January 1st to June 30th, 1991.

Attribution of Responsibility for Child Sexual Abuse: Literature Review

Given this evidence and what we know about the under-reporting of child sexual abuse, as a society we must face the reality of child sexual abuse. It is not an issue effecting a small number, it will not go away. The consequences are varied and severe. As the number of people reporting abuse increases, we must begin to look at the way in which they are received and treated. The question to be asked is are we ready to support and treat those who experience child sexual abuse? Lamb (1986) warns that if the therapist puts too much emphasis on the child as a helpless victim, he or she may run the risk of damaging any sense of self-efficacy the child may have. Rather, Lamb advocates that the therapist help the child to understand that some of the decisions they made may have been wrong, but that in future they can make better decisions. At the other end of the spectrum, it would seem both logical and inevitable that if upon disclosure, a victim of child sexual abuse is confronted by disbelief or other negative reactions, the impact is likely to be more severe. Negative reactions may also inhibit the reporting of the offence and discourage both victims and offenders from seeking treatment. An unfortunate occurrence, according to Jackson and Ferguson (1983) "considering the potential consequences, especially for the victim."

Although research in the area of responsibility attribution for child sexual abuse is somewhat scarce, several methods have been developed to focus on this, including the use of a specially developed scale, vignettes, self-report survey and a specially developed scale. In the last decade a number of researchers have theorised that there are possible parallels between how people attribute responsibility for child sexual abuse and rape. Namely, it has been suggested that as in the case of rape, the victim of child sexual abuse may be attributed some proportion of responsibility (Jackson and Ferguson,

1983, Waterman and Foss-Goodman, 1984, and Broussard and Wagner, 1987). It is this theory that has especially instigated research in this area.

The Jackson Incest Blame Scale

Perhaps not surprisingly, the first research addressing how attributions of responsibility for child sexual abuse are made, loosely followed a method already developed to investigate the attribution of responsibility for rape. Jackson and Ferguson (1983) studied the way a sample of college students attributed responsibility for incest using a specially adapted version of Ward's (1980 in Jackson and Ferguson, 1983) Attribution of Rape Blame Scale (ARBS) which they referred to as the Jackson Incest Blame Scale (JIBS). This scale is made up of 20 statements, which are scored on a scale of 1 to 6 (high scores indicating agreement). Using the JIBS, Jackson and Ferguson tested the hypothesis that, as was found by Ward, the attribution of responsibility for incest would be multidimensional in nature, consisting of four factors (five statements for each):

1. victim blame,
2. offender blame,
3. society blame, and
4. situational blame.

According to Jackson and Ferguson, individuals scoring high on the victim factor tended to believe that the victim had provoked or encouraged the incest and hence deserved what they got. Subjects attributing high levels of responsibility to the offender, believed that offenders were "mentally ill" and should be "locked up". High scores on the societal factor indicated that subjects subscribed to the belief that the occurrence of incest was linked to such things as the general perception of people as sex objects and the

amount of sex and violence in the media. Finally, subjects attributing responsibility to the situational factor indicated thought that family conditions, socioeconomic status and substance abuse accounted for incest.

Results from the study supported the multidimensional hypothesis. Jackson and Ferguson found that the most responsibility was attributed to the offender, followed by situational and societal factors, while the victim was attributed the least responsibility. An interesting gender difference was also found. While there was no significant gender difference for the societal, situational and offender factors, results indicated that male subjects tended to hold the victim more responsible than female subjects.

Jackson and Ferguson were also interested to establish whether actual experience of physical or sexual abuse affected the way people attributed responsibility for incest. This was achieved by comparing the scores of individuals who reported that they had been physically or sexually abused with those that did not. The researchers found only one significant difference, sexually abused subjects tended to attribute more responsibility to societal factors than did those who had not been sexually abused. However, as Jackson and Ferguson point out, the small number of subjects ($n = 5$) reporting sexual abuse in this study makes results "only suggestive at best"

In a later study conducted by Doughty and Schneider (1987), the JIBS was used to test the attribution of responsibility for incest as a function of training and experience. The researchers administered the JIBS to psychology undergraduates ($n = 38$), psychology graduates ($n = 31$), and licensed MA level clinical psychologists ($n = 37$), and compared the resultant scores. Similar to Jackson and Ferguson (1983), Doughty and Schneider found that the subjects overall tended to attribute the most responsibility to the offender factor, followed by the situational and societal factors, while the victim was

viewed as the least responsible. In general the researchers found that the attribution of blame decreased as a function of education and experience for the victim, offender and society factors.

Several gender differences were noted by Doughty and Schneider. In general, males tended to attribute responsibility to situational factors more than female subjects. However, no significant sex differences for the total sample were found for the societal, victim or offender factors. Doughty and Schneider also found that male undergraduates attributed higher levels of responsibility to the victim than female undergraduates, but that male and female graduates and clinicians did not differ significantly in their ratings. The amount of responsibility attributed to the offender by male subjects was the same in all groups, however the amount attributed by female subjects decreased as a function of higher education. For the society factor, both male graduates and clinicians tended to attribute more responsibility than females in these groups. However no sex difference was established between male and female undergraduates.

Like Jackson and Ferguson (1983), Doughty and Schneider also included a comparison between subjects reporting sexual abuse ($n = 17$), and those who did not. Doughty and Schneider's results indicated that sexually abused subjects were less likely to blame situational societal factors than subjects with no history of abuse. No further significant differences were established in any of the other factors between sexually abused and non- abused subjects.

From their findings Doughty and Schneider concluded that "education in psychology and experience in mental health influences attitudes about incest". They theorised that more experience would give one a better understanding of the complexities of incest, thus reducing the likelihood of attributing responsibility to a specific family member or outside influence.

Vignettes

By far the most popular approach to the study of how responsibility is attributed for child sexual abuse has been using vignettes. Subjects are asked to read a story which describes a sexual encounter between an adult and a child. They then attribute responsibility as they see fit, either by assigning a rating on a Likert type scale or by attributing a percentage of responsibility. Vignettes allow the researcher(s) to test the affect different variables have on the attribution of responsibility for child sexual abuse, simply by varying such factors as gender, age relationship to offender and the like. Vignettes also allow researchers to test for between-group differences.

Amongst the first to investigate how responsibility is attributed for child sexual abuse using vignettes were Caroline Waterman and Deborah Foss-Goodman (1984). Waterman and Foss-Goodman were particularly interested in the way that the victim's sex, victim's age, the relationship of the victim to the offender and the sex of the subject affected the attributions of responsibility made by the subject. They hypothesised that because they are seen to be stronger and thus better able to resist, male victims would be attributed more responsibility than female victims. They also thought that male subjects would blame older female victims more than female subjects based on the findings of Field (1978, in Waterman and Foss-Goodman 1984). Field found that males tended to ascribe more responsibility to rape victims. In relation to this Waterman and Foss-Goodman proposed that "age 15 most closely approaches that of rape victims." (p. 332)

In addition Waterman and Foss-Goodman hypothesised that older victims would be held more responsible than younger ones, because of the belief that older victims are both better able to resist and more likely to know that the behaviour is wrong. Lastly the researchers speculated that the most fault

would be attributed to the child when the offender was a parent and the least when the offender was a stranger. They based this their finding that in all articles which they found children to be held partially responsible, the abuse was intrafamilial.

To test these hypotheses vignettes were varied accordingly and randomly assigned to subjects. The victims (male or female) ages were either 7, 11 or 15, and the various relationships to the offender were parent, neighbour or repairperson. The offender was always the opposite sex to the victim.

Results only partially supported the hypotheses proposed by Waterman and Foss-Goodman. Male victims were attributed significantly more responsibility than female victims. Males subjects attributed significantly more responsibility than female subjects to 15 year old male victims rather than female victims as the researchers had hypothesised. In fact, male subjects attributed significantly more responsibility to 15 year old male victims than they did to the same age female victims.

With regards to the age of the subjects, as the researchers had expected, 15 year olds were held significantly more responsible than both 7 and 11 year olds, between whom there was no significant difference. From this Waterman and Foss-Goodman concluded that older children may be viewed as less deserving of sympathy than younger children. Contrary to the expectations of Waterman and Foss-Goodman, children were held less responsible when the offender was a parent, than when the offender was a repairperson or a neighbour.

Waterman and Foss-Goodman also asked subjects to explain the attributions that they had made. These were then analysed and categorised. Of the 95 subjects who attributed some degree of responsibility to the child 58.9% thought that the child should have resisted, while the remainder of the subjects thought that the child either should have known better (21.1%) or should have told someone (20.0%). The most popular reason subjects ($n = 157$) gave for attributing responsibility to the offender was that the offence was an abuse of power (49.8%). Other reasons put forward were that the offender was sick (27.0%), morally wrong (12.1%), should have known better (7.3) and ignored the child's protests (3.8%). Subjects often expressed the view that the parents should not have left the child alone when the offender was a neighbour or repairperson.

Two final aspects of this study concerned firstly the possibility that actual experience of abuse would affect the way in which subjects attributed responsibility for the abusive incident. Secondly, subjects' attributions were related to their scores on several attitudinal scales. These scales designed by Burt (1980) tested peoples attitudes toward sex-role stereotyping, adversarial sexual beliefs, sexual conservatism, and the acceptance of interpersonal violence.

Waterman and Foss-Goodman found that subjects reporting a history of sexual abuse were less likely than those with no history of abuse to blame the victim. Those with a history of abuse also tended to have lower scores for sexual conservatism. Those with higher scores on the sexual conservatism scale tended to attribute more responsibility to the victim. Not surprisingly acceptance of interpersonal violence was positively related to attribution of responsibility to the victim, and was indeed the best indicator of responsibility

ratings. No significant correlations were found between sex-role stereotyping or adversarial sexual beliefs, and attribution of responsibility to the victim.

The findings of Waterman and Foss-Goodman (1983) were the major impetus for the research by Sylvia Broussard and William Wagner (1988). Inspired by the gender differentiation highlighted in the earlier study the researchers set out to test further the affect gender had on the way that people attributed responsibility for child sexual abuse. Rather than limiting their investigation to heterosexual abuse Broussard and Wagner developed vignettes which included variations on the gender of the child and the gender of the adult. As in the study by Waterman and Foss-Goodman, the gender of the subject was controlled for to test if males and females attributed responsibility differently. Lastly, in an interesting addition to the study, Broussard and Wagner added a condition to test the affect that the response of the child had on the attribution of responsibility.

Testing a total of 360 college undergraduates, Broussard and Wagner made several interesting findings. No significant main effects were found for the gender of the victim, offender or respondent relating to either the responsibility attributed to the child or the adult. However there were several significant interactive effects between respondent gender and both victim gender and victim response in relation to offender responsibility. Male respondents attributed significantly less responsibility to the offender when the victim was a male than when the victim was a female. Also in relation to female subjects, male respondents attributed significantly less responsibility to the offender when the victim was a male.

Results for the victim response variable indicated that encouraging children were attributed significantly more responsibility than either passive or resistant children. Resistant children were viewed by subjects as the least responsible.

In terms of the responsibility attributed to the offender, response of the victim interacted with other variables. Males were also more likely to attribute more responsibility to the offender when the victim was passive or resisting and less when the victim was encouraging. When the victim was encouraging, males attributed significantly less responsibility to the offender than females. Among victims who were encouraging, the offender was held significantly less responsible when the victim was male rather than female. When the victim was a male, offenders were seen as significantly more responsible if the child was passive or resisting, than if the child was encouraging.

The response of the child, along with the degree of sexual contact, was also used as an independent factor in an interesting study by Stermac and Segal (1989). The child either smiled, was passive with no resistance or was crying with resistance. The sexual contact included touching, fondling, fondling with no clothes, or genital contact with ejaculation. Among other things Stermac and Segal tested how a number of groups (clinicians, child molesters, rapists, laypersons, lawyers and police) differed in terms of the responsibility placed on the adult and the complicity of the child .

They found that the overall the responsibility placed on the adult increased as the child's response became more negative and as the degree of sexual contact increased. Child molesters differed from all other groups in that they attributed significantly less responsibility to the adult. Child molesters also attributed significantly more responsibility to the child than any other group. All groups attributed the greatest amount of responsibility to the child who smiled and the least amount to the child who cried. No significant interaction was found between the group and the degree of sexual contact for the complicity rating of the child.

Both Waterman and Foss-Goodman (1983) and Broussard and Wagner (1988) limited their investigations to college students. However, the study by Stermac and Segal, illustrates the useful findings that can result from research comparing various groups. A number of other researchers have investigated the way people working within the area of child sexual abuse attribute responsibility, especially with regards to how this affects the intervention recommended (Ringwalt and Earp, 1988; Kalichman, Craig and Follingstad, 1990; Kelley, 1990).

Investigating the relationship between the way child protective services (CPS) workers attributed responsibility for cases of father-daughter incest and the treatment decisions made, Ringwalt and Earp (1988) made an interesting finding. In their study each subject was presented with three separate vignettes in which according to pilot testing responsibility might reasonably be attributed to the father, mother, and daughter. Subjects attributed responsibility ratings and made recommendations for intervention. A significant relationship was found between CPS workers' attribution of responsibility to the abusive father and recommendations for his incarceration. A punitive response to the father was also recommended by CPS workers attributing responsibility to the child. In cases where the mother was held responsible, Ringwalt and Earp found that subjects were less likely to recommend incarceration, but would recommend foster care.

Ringwalt and Earp concluded from their study that the preconceived attributions of responsibility of child welfare workers in general may well affect their intervention and intervention recommendations. This theory was further explored by Susan Kelley (1990) in a comparison between CPS workers, nurses and police officers. Results indicated that police officers attributed more responsibility to the offender than either nurses or CPS workers and were more likely to recommend punitive intervention. Nurses assigned

proportionately more responsibility to the mother than either CPS workers or police officers. Nurses and CPS workers attributed more responsibility to society than police officers and were more likely to recommend family therapy. CPS workers were the most likely to recommend individual therapy.

Kelley also found intervention recommendations were affected by the gender of the child, the relationship of the child to the offender, whether force was used and the offenders social status. More severe punishments were recommended when the victim was a female, if physical force was used and if the the offender was an unemployed alcoholic rather than a prominent attorney. When the offender was the father of the child subjects were more likely to recommend the child be allowed to spend time with him than when the offender was a neighbour.

For the total sample Kelley found that while the offender was assigned the greatest amount of responsibility for the sexual abuse, only 12% of the subjects ($n = 228$) held the offender totally responsible. Some degree of responsibility was attributed to the child by 20% of the subjects. Society was given a mean of 6.1% of responsibility for the abuse, and 1.6% was attributed to "other factors". Society was attributed significantly more responsibility if the victim was female.

A study by Kalichman, Craig and Follingstad (1990) explored how responsibility attribution affected the way a sample of psychologists ($n = 295$) adhered to mandatory reporting laws governing South Carolina and Georgia. Kalichman et al varied the victim gender, the fathers' response (either admitting the abuse or denying it), and the participants gender. Along with the father and the child characters, a mother also was represented in the vignette. Subject were asked to attribute the percentage of responsibility they felt appropriate to four sources, the father; the mother, the child and society.

Results revealed that subjects attributed greater responsibility to the father who admitted the abuse and greater responsibility to the mother when the father denied it. Male clinicians blamed the father significantly more than female clinicians, while the female clinicians blamed the mother more than males. The father was consistently attributed the greatest responsibility, followed by the mother, and society. The child was viewed as the least responsible. No significant effect was shown for the gender of the child. Further investigation of the ratings based on correlations showed that responsibility attributed to the mother, society and the child varied as inverse function of father responsibility. Responsibility to these three sources increased when the father responsibility decreased.

A total of 24% of the subjects in this study indicated that they would not report the case. Further analysis by Kalichman et al indicated that the greatest predictor of reporting tendency was the subjects confidence that the abuse was occurring. This was despite the mandatory laws requiring that any suspected abuse be reported.

Self Report Survey

Attempting to gain access to peoples beliefs through self report research always has its problems. Because the veracity of subjects responses can never be fully determined findings are limited. It is perhaps because of the limitations intrinsic in the findings of any self report style research that very few have attempted to investigate how people make attributions for sexual abuse with this type of research. However at least one study (Saunders, 1987) has conducted research using this method and by ensuring the anonymity and confidentiality of subjects have made some interesting and candid findings.

Saunders used a self report style survey to investigate child sexual abuse and the beliefs of police officers investigating the problem. Officers were surveyed about their attitudes toward five issues: (1) the credibility of the child, (2) the culpability of the child, (3) the culpability of the offender, (4) the severity of the offence, and (5) the sanctions which should be imposed on the offender. Questions concerning each issue were rated on a five-point Likert scale, "strongly disagree" to "strongly agree". The mid-point was "neutral"

Saunders found that officers in general tended to agree that the child can be believed (mean = 3.83). Not surprising given their proximity to the offence, police officers tended to view child sexual abuse as a serious problem in society. The mean scale score on this measure was 4.17, a rating which falls between agree and strongly agree. Most officers agreed that offenders warranted more punishment. However Saunders notes that nine officers held neutral opinions on this, or disagreed with the premise that offenders should be punished rather than some other intervention.

As far as the culpability of the child and the adult were concerned, reactions of the officers were mixed. While the mean for the culpability of the child (2.51) suggested that while officers generally believed that the child was not responsible, a total of 8 officers (16% of the sample) agreed across all items that children do invite their victimisation and may play a collaborative roll in the offence. The mean scale score for offender (2.98) culpability suggests that the officers collectively were somewhat ambivalent about offender culpability. It seemed that while half of the officers believed that the offender was "sick" and not responsible for his actions, the other half did not agree with this notion.

From his results Saunders concluded that while the majority of officers surveyed are both informed and sensitive, some officers do hold negative and

perhaps damaging ideas especially in terms of victim credibility and culpability.

Conclusions of the Literature

Firm conclusion from the foregoing review are difficult to make given that this research is in its infancy. However findings indicate that a variety of factors can and frequently do influence the way that attributions of responsibility for child sexual abuse are made. While early research suggested that responsibility is attributed to four main categories; offender, society, situation and victim (Jackson and Ferguson, 1983) , further research suggests that these attributions are affected by other factors. These factors seem to relate to the child, the offending adult, and the respondent and include aspects of child response, age, gender, the child's relationship to the offender, the social status of the offender and the reaction of the offender. While the research is far from complete a number of interesting main effects and interactive effects have been noted.

Significant Main Effects

Research seems to support the hypothesis first proposed by Jackson and Ferguson (1984), that attribution for responsibility for child sexual abuse is a multidimensional concept. However, it is fair to say that the factors involved in this process are more complex than the simple attribution of responsibility to the offender, society, situation or the victim. Given the findings of subsequent research, it would appear that various underlying factors, or beliefs influence the decisions people make regarding who they hold responsible. In short, this means that simple factors can and frequently do influence responsibility

attributions. These include the response, age, and gender of the child, the gender of the respondents, and the respondents own history of sexual abuse.

Findings indicate that the response of the child may influence the degree to which both the child and the offending adult are held responsible. It would seem that children who behave in an encouraging manner are viewed as more responsible than those who are passive or resist (Broussard and Wagner, 1988; Stermac and Segal, 1989). Broussard and Wagner also found that offending adults involved with children who appear encouraging are more likely to be held less responsible than those who abuse passive children. In addition, when the child is resistant the adult is attributed higher levels of responsibility.

To date only one study has examined the impact of age on the attribution of responsibility for child sexual abuse. Waterman and Foss-Goodman (1984) found that older children (15 years) were attributed more blame than younger children (seven and 11 years). The researchers fail to report whether this also affects the responsibility attributed to the offending adult.

While the gender of the offending adult does not appear to significantly affect responsibility attributions, the gender of the respondent Doughty and Schneider (1987) and Jackson and Ferguson (1983) noted that male subjects were more likely to blame the victim than female subjects. Doughty and Schneider also found that males attributed significantly more responsibility to society than women.

Results from research addressing the impact of child gender on the attribution of responsibility for child sexual abuse are mixed. Waterman and Foss-Goodman (1984) found that male children were attributed more responsibility

than females. However other research has failed to find significant main effects for the gender of the child (Broussard and Wagner, 1988; Kalichman et al, 1990). Interesting to note, was that Kelley (1990) found that the gender of the child affected the intervention recommended by child welfare workers. More severe punishments were recommended when the victimised child was female.

Mixed results have also been found for the affect that the respondents history of abuse has on the attribution of responsibility for child sexual abuse. While some findings suggest that those who have been abused hold society responsible (Jackson and Ferguson, 1983), others have found that individuals with a history of abuse attributed less responsibility to situational factors (Doughty and Schneider, 1987). Waterman and Foss-Goodman (1984) found that subjects with a history of abuse were less likely to hold the victim responsible.

Significant findings have been made for the responsibility attributed and, (for want of a better term) the group that one belongs to. Stermac and Segal (1989) found that child molesters attributed less responsibility to the offender than a number of other groups. In her study, Kelley (1990) found that police officers attributed more responsibility to the offender than either nurses or child protective workers. However nurses and child protective workers held society more responsible than police officers. Nurses were also more likely to hold the mother more responsible than any other group.

Finally Kalichman et al (1990) noted in their study that the response of the offending father in a case of incest affect the responsibility attributed by clinicians. Fathers were attributed greater responsibility when they admitted the abuse. However, if the father denied the abuse, the non participating mother was attributed greater levels of responsibility.

Significant Interactive Effects

Research has uncovered a variety of significant interactive effects. As with the main effects, these results relate to aspects of gender,

Response of the child was found to have significant interactive effects with both the gender of the child and the gender of the respondent. Broussard and Wagner (1988) found that encouraging male children were held less responsible than females behaving in the same manner. Among victims who were encouraging, the offender was held significantly less responsible when the victim was male than when the victim was female. Broussard and Wagner also found that male subjects attributed significantly less responsibility to the offender when victims were encouraging than female subjects.

The gender of the respondent was also found to interact with the education. Doughty and Schneider (1987) found that amount of responsibility attributed to the offender by females decreased as a function of education. The ratings of male subjects from different groups was not significant however.

In the single study which addressed the age of the child results suggested that the age interacted with the gender of the adult and the gender of the respondent. Waterman and Foss-Goodman (1984) found that males attributed higher levels of responsibility than females to 15 year old male subjects. Male subjects in this study also attributed significantly more responsibility to 15 year males than they did to 15 year old females.

Impact of Responsibility Ratings on Other Factors

Researchers have noted a significant relationship between the attribution of responsibility and the intervention recommended by child welfare workers. Ringwalt and Earp (1988), found that the more responsible the father was held the more likely a punitive intervention would be recommended. Similar findings were noted by Kelley (1990) They also found that recommendations for punitive intervention was also increased with higher responsibility ratings of the child. When the non participating mother was found responsible the subjects were less likely to recommend incarceration. Subjects in the study conducted by Kalichman et al (1990), found that the responsibility attributed to the mother, society and the child decreased as responsibility to the father increased.

Rationale

Although attention has increasingly focused on the general area of child sexual abuse, little attention has been given to the way in which people attribute responsibility. However in recent years a small number of researchers have been investigating this area often with surprising results. The literature suggests that a number of factors influence the way decisions regarding who is responsible for child sexual abuse are made. Various researchers have isolated a variety factors which indeed impact upon responsibility attribution. It would appear that given a case of child sexual abuse, people examine a number of factors associated with their own beliefs and ideas, before they make their attributions. It seems important to note that in relation to this, the attribution that is finally made, can in turn influence the intervention that child welfare officers recommend (Kelley, 1990; Ringwalt and

Earp, 1988). Clearly then, the attributions of responsibility may have serious ramifications. Therefore, it is important that this area be further researched

It is the purpose of this thesis to establish a pattern of responsibility attribution for child sexual abuse, in a New Zealand setting. As no such study has been previously undertaken a basic replication of the study by Broussard and Wagner (1988) will be conducted. This study was chosen because it investigates not only the effect that gender has on responsibility attributions, but also examines the influence of child response, with interesting results.

Previous research indicated that education and experience may affect attributions of responsibility for child sexual abuse (Doughty and Schneider, 1987; Stermac and Segal, 1989). To test this theory, two sample groups were selected. The first, was a sample of students from the University of Canterbury. The second was a selection of people who either worked professionally or on a voluntary basis in the area of child sexual abuse. The two groups were analysed separately and then compared.

METHOD

The research was conducted by a post-graduate psychology student.

Subjects

Two major sample groups were tested in this study: a student sample ($n = 144$, 72 females, 72 males), and a group comprised of people working professionally or on a voluntary basis in the area of child sexual abuse ($n = 65$).

Students attending a variety of lectures and laboratories at the University of Canterbury were given a brief outline of the study by the experimenter. Emphasis was placed on the fact that the experiment required that subjects read a brief description of a sexual encounter between an adult and a child. Volunteers were asked to write their name and contact number on a sheet of paper so that arrangements could be made for them to complete the study at a convenient time. Posters situated throughout the campus and word of mouth also generated a number of participants. While no data were collected regarding the ethnicity of participants, the majority of subjects appeared to be Caucasian.

Subjects in the professionals/volunteers group were contacted individually or through their organisation. Individuals and organisations were selected on the basis that they:

1. have or may have contact with sexual abuse survivors,
- b. have contact with abusers, or
- c. are associated with abuse policy making.

A letter outlining the study was sent to individuals and organisations who met the criteria. Those who indicated a willingness to participate were sent a copy of the study to complete. Subjects included police officers, social workers,

hospital workers, plunket nurses, policy makers, psychologists, telephone counsellors, Accident Compensation Corporation claims officers, and counsellors.

Although neither group of subjects was asked to furnish details of any personal experience of abuse they were assumed to differ in terms of general knowledge of and experience with child sexual abuse. The lack of direct contact by the experimenter may have lead to a feeling of greater anonymity of responses amongst the Professional/Volunteer subjects. In addition the Professional/Volunteer subjects may have had a greater understanding of the aims of the study because of the often fuller research outlines required by organisations in order to gain research approval.

Materials

Written descriptions of a sexual encounter between an adult and a child, taken from the study by Broussard and Wagner (1988), were utilised in this study. Slight semantic and linguistic alterations were made to the original vignette (Appendix 1) to ensure that there was no confusion for subjects. As no previous research of this sort has been carried out in New Zealand the age of the child was set at seven to create a research base. Vignettes differed in terms of the response of the child (encouraging, resistant, passive), the gender of the adult (female, male), and the gender of the child (female, male), thus creating 12 vignette conditions. The following is the female child-male adult-encouraging vignette with the corresponding lines for the passive and resistant versions in parentheses:

Mary a 7 year-old child, was home alone when the 35 year-old man who lived next door came to visit while Mary's parents were out shopping. Mary was sitting on the sofa in the living room. She smiled at the neighbour and asked the man to sit beside her. (She watched as the man walked towards her: She watched as the man walked towards her) The neighbour sat down and the two of them began talking. The man placed his hand on Mary's leg and began rubbing the child's body. Mary then placed her hand on the neighbour's leg rubbing the man's body in the same manner (Mary watched silently: Mary pushed the man's hand away and told him to stop).

The man told Mary to lie down on the sofa, telling her she would enjoy this, that it would feel good. Mary smiled and embraced the neighbour as the two of them lay down together (Mary did nothing: Mary tried to break free but the man was too strong for her).

The man continued touching Mary's body and then slowly undressed her. When Mary was naked, the neighbour began kissing the child's body, starting with her face, and working his way down to Mary's thighs. Then the neighbour sat up and Mary put her hand inside the man's slacks on the front of his underpants and began touching his body (Then the neighbour sat up and put Mary's hand inside his slacks on the front of his underpants and made Mary touch his body as he had done to her: Then the neighbour sat up and made Mary put her hand inside his slacks on the front of his underpants and tried to make Mary touch his body as he had done to her).

No statement in encouraging vignette (Mary did as she was told at once: Mary tried to get away but was unable to do so).

Then the neighbour undressed and Mary lay on top of him while the man fondled the child's buttocks (Then the neighbour undressed and lay on top of Mary while he fondled the child's buttocks: Then the neighbour undressed and lay on top of Mary while he fondled the child's buttocks).

The man fondled Mary's genitals as he continued to caress the child's body. Then Mary fondled the neighbour's buttocks and genitals as she caressed the man (Mary lay completely motionless: Mary struggled to break loose).

The neighbour had an orgasm while rubbing himself against the child. The man brought Mary her clothes and warned her not to tell her parents what had happened. The neighbour told Mary that this game was to remain their secret.

A consent form (Appendix 2) and a question section (Appendix 3) made relevant to the specific condition depicted accompanied each vignette. The Likert scales included in the question section were adapted from the Broussard and Wagner (1988) study to incorporate a mid point rating; (3) equally responsible, thus the scale went from (1) not responsible to (5) totally responsible. However only the two extremes were included on the question sheet.

Subjects in the Professional/Volunteer group were also supplied with written instructions (Appendix 4) and had access, in most cases, to the letter detailing the study.

Procedure

The two groups in this study were subject to slightly different procedures. Subjects in the Student sample completed the study under experimenter supervision. However, those in the Professional/Volunteer group were mailed individual copies of the study and had telephone access to the experimenter.

Student Sample

Controlling for the subjects gender, each student was randomly assigned one of the 12 different vignettes, thus creating a total of 24 conditions (child response x adult gender x child gender x respondent gender). Subjects were asked to read the 'story' and to use the scales to rate the responsibility of the characters depicted. Subjects were also asked to describe in words why they had made the particular rating. Finally, a section labelled additional comments was included, where subjects were invited to express any further thoughts concerning the study.

The study was carried out on volunteers individually and in small groups depending on the availability of subjects. When testing in small groups individuals were encouraged to sit well apart ,thus ensuring the privacy of their responses.

In line with University of Canterbury regulations, each subject was asked to complete a consent form. This form was collected and kept separately from the subject's response to maintain anonymity. Because of the sensitive nature of the material a list of various telephone helplines was made available to each subject, and the subject's right to withdraw from the study at any time was emphasised.

After a small number of subjects had completed the study, the experimenter felt it necessary to add a further question which asked participants to rate 'How likely' they thought the encounter depicted in the vignette was to occur, given the scale:

- (1) very likely
- (2) likely
- (3) unlikely
- (4) very unlikely
- (5) don't know

This question was added after discussions with some of the subjects who had completed the task. This discussion indicated that subjects seemed less likely to interpret an encounter with separate gender types combinations (eg female adult with a female child) as realistic.

On completion subjects were invited to ask any questions and then requested not to discuss the study further.

Professional/Volunteer Sample

After initial contact with an organisation interested individuals received a randomly selected study complete with written instruction, consent form and return envelope. After consideration, extra return envelopes were also supplied to give subjects the option of returning the consent forms separately from responses.

As with the student sample, subjects in the professional/volunteer sample were asked to read the vignette and rate the characters responsibility using the Likert scales and the written descriptive questions. Subjects were also asked to include a rating for 'how likely' the encounter was to occur.

Due to the anticipated difficulty in obtaining subjects in this sample group, the gender of the respondent was not controlled for, resulting in a 3 x 2 x 2 design (child response x adult gender x child gender).

RESULTS

Group Composition

Age.

Analysis of the two sample groups showed that the groups were not matched in terms of the age of the subjects (Figure 1). Ages in the Student sample ranged from 17 to 52 (females 17-43, males 18-52). The majority of participants, both male and female, were between the ages of 18 and 25 (79.86%) with 16.67% between 26 and 30 and only .347% of the sample over the age of 35.

The Professional/Volunteer sample was older than the Student group. Ages ranged from 23 to 56. Only a small number of these subjects were aged between 18 and 25 (4.6%). Over half the sample (52.31%) were over 35, and 41.54% were aged between 26 and 35. One subject in the Professional/Volunteer group did not furnish details of their age.

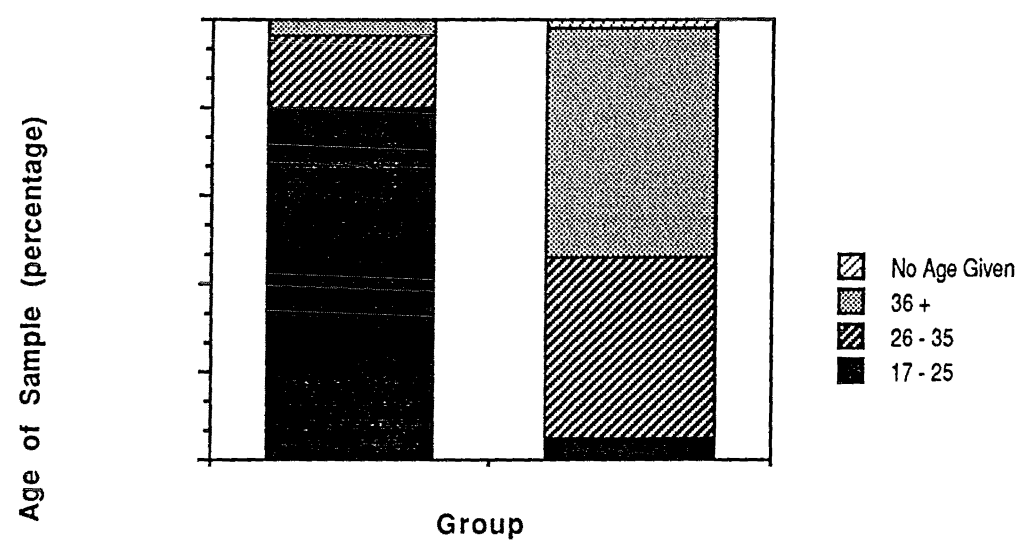


Figure 1: Age of Respondents In Student and Professional/Volunteer Sample

Analysis of Raw Data

Tables of the raw data for the Student sample and the Professional/Volunteer sample are located in Appendix 5.

Attribution of Responsibility to Child: Student Sample

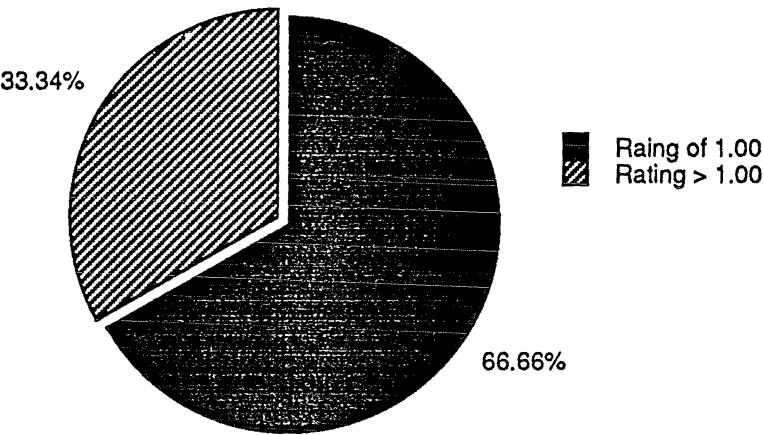


Figure 2: Percentage of Subjects Rating the Child as not Responsible (1.00) in Student Sample

Ratings of responsibility attributed to the child ranged from 1.00 to 4.10. Despite the wide range however, the child was generally attributed low rates of responsibility by the sample overall. The average rating attributed to the child was 1.29 (Table 2) A total of 66.66% of the subjects in the Student sample rated the child as not responsible (1.00) (Figure 2). The mean ratings of responsibility for the child over all conditions are shown on Table 2 and will be further discussed in terms of how they relate to ANOVA findings.

Table 2:
Means for Attribution of Responsibility Ratings of Child (Student Sample).

		Response by Gender of Child						
		Male			Female			
Subject	Adult	Enc	Res	Pass	Enc	Res	Pass	total
Male	Male	n = 6 1.98	n = 6 1.00	n = 6 1.23	n = 6 1.78	n = 6 1.03	n = 6 1.55	n = 72 1.46
	Female	n = 6 1.48	n = 6 1.00	n = 6 1.52	n = 6 2.5	n = 6 1.37	n = 6 1.08	
Female	Male	n = 6 1.35	n = 6 1.06	n = 6 1.17	n = 6 1.16	n = 6 1.02	n = 6 1.19	n = 72 1.12
	Female	n = 6 1.35	n = 6 1.00	n = 6 1.00	n = 6 1.03	n = 6 1.00	n = 6 1.17	
								n = 144 1.29

Key. Enc = encouraging, Res = resistant, Pass = passive, n = number in condition

A four-factor analysis of variance was conducted on the data and several effects were noted. The gender of the respondents, $F(1, 142) = 14.36, p < .001$, and the way in which the child responded, $F(2, 142) = 10.06, p < .001$, significantly affected the way in which the subjects attributed responsibility to the child. There was also a significant interaction effect between these two variables, $F(2, 139) = 3.84, p < .05$. These three effects were investigated further by examination of the mean ratings attributed to the child over the different conditions (Table 2).

Males and females attributed responsibility to the child in different ways. Females were more likely to rate the child as not responsible (1.00) than males (Figure 3). A total of 77.78% of the female subjects attributed a rating of 1.00, compared with only 55.56% of male subjects. The average rating attributed to the child by female subjects was 1.12 while males subjects attributed a considerably higher average rating of 1.46 (Table 2).

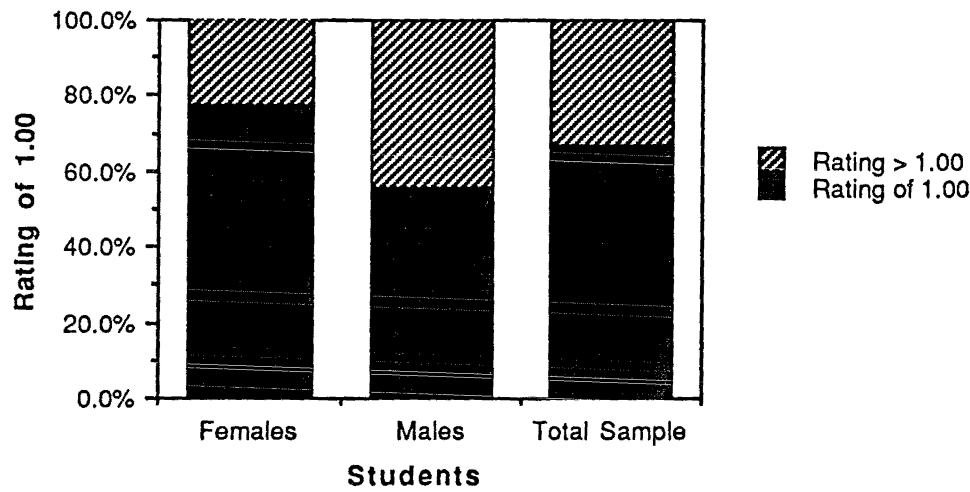


Figure 3: Gender and Total Sample Responsibility Ratings Attributed to the child by the Student Sample

N.B. 1.00 = Not Responsible

The response of the child affected the ratings that people attributed to the child. The general trend revealed by mean ratings (Table 3) was that while children in the passive condition were seen as more responsible than those in the resistant condition, they were not considered as responsible as those children who acted in an encouraging manner. Children in the encouraging condition (1.58), were rated as more responsible than children in the passive condition (1.24). However children in the resistant condition (1.06) were rated the least responsible.

Table 3:
Mean Ratings of Child (Over All Conditions) by Total Student Sample.

Gender Respondent	Child Response			Total
	Encouraging	Resistant	Passive	
Male	n = 24 1.94	n = 24 1.1	n = 24 1.35	n = 72 1.46
Female	n = 24 1.22	n = 24 1.02	n = 24 1.13	n = 72 1.12
Total	n = 48 1.58	n = 48 1.06	n = 48 1.24	n = 144 1.29

Key: n = number in condition.

Although both male and female subjects followed the general trend of attributing the most responsibility to children in the encouraging condition followed by those in the passive and resistant conditions respectively, there was a sex difference. Male subjects attributed higher average ratings than female subjects to children over all conditions (Table 3). By far the highest discrepancy between ratings was for the encouraging condition. The average rating for male subjects for children in the encouraging condition was 1.94, however female subjects gave an average rating of just 1.22. Like the female subjects, males rated children in the passive condition (1.35) and the resistant condition (1.1) less responsible than those in the encouraging condition but the female subjects average ratings were lower (1.13 and 1.02 respectively).. This finding indicated that female subjects generally held the child less responsible than the male subjects over all conditions.

The findings indicate that male subjects were more likely to attribute higher levels of responsibility to the child than female subjects. This effect was especially true if the child was in the encouraging condition, but held also for those in the passive and resistant conditions too. There was a significant trend for both male and female subjects to attribute the most responsibility to children in the encouraging condition, followed by those in the passive condition. Children in the resistant condition were rated as least responsible by both males and females.

Neither the gender of the child, $F(1, 142) = .8, p = .373$, nor the gender of the adult, $F(1, 142) = .053, p = .818$, significantly affect the attribution of responsibility to the child. No further interaction effects were found to be significant after analysis (ANOVA results table, Appendix 6).

Analysis of the data (ANOVA results table, Appendix 7) revealed that only one variable had significantly affected the attribution of responsibility to the adult. As in the ratings of the child, the gender of the respondent was a significant main effect, $F(1, 142) = 4.35, p < .05$. Mean ratings of the adult (Table 4) revealed a tendency for female subjects to attribute higher ratings and hence more responsibility to the adult than male subjects. Females attributed an average rating of 4.86, while the average rating attributed by male subjects was 4.71.

There was a slight tendency for male subjects to attribute less responsibility to the adult when the child was a female however this did not prove significant after analysis, $F(1, 142) = 3.3, p = .072$. No significant effects were found for the gender of the child, or for the response of the child. There were no significant interaction effects established through ANOVA.

In summary subjects attributed responsibility to the adult differently depending on their gender, however they were not significantly influenced by the gender of the adult or that of the child. Similarly the subjects attribution of responsibility was not affected by the way in which the child responded.

Attribution of Responsibility to Child: Professional/Volunteer Sample.

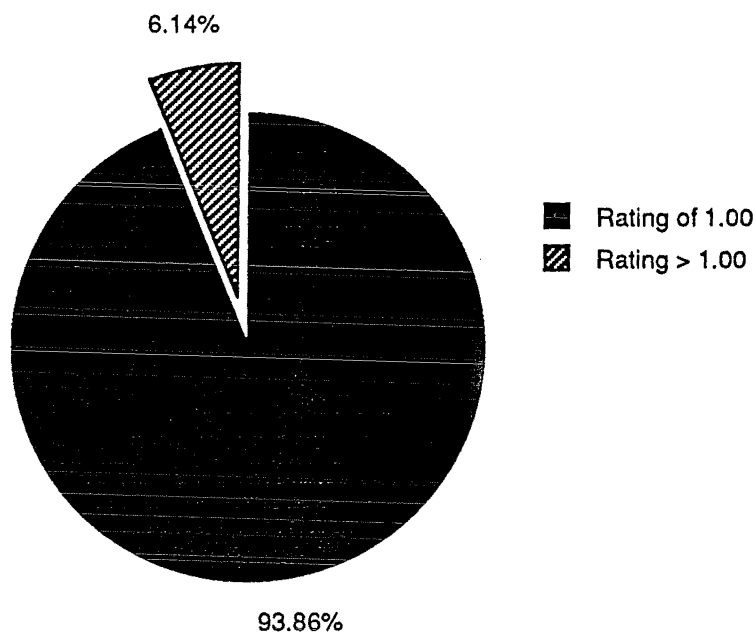


Figure 5: Percentage of Subjects Rating the Child as Not Responsible (1.00) In Professional/Volunteer Sample

Ratings of responsibility attributed to the child subjects in the Professional/Volunteer sample ranged from 1.00 to 3.00. By far the majority of the subjects rated the child as not responsible for the sexual encounter. In fact a total of 93.86% of the sample attributed a rating of 1.00 to the child (Figure 5). The average rate of responsibility attributed to the child overall was 1.04 which reflects the tendency of subjects in this sample to largely find the child not responsible despite conditions (Table 5).

The gender of this group was not controlled for, thus a three-factor analysis of variance was conducted to test the data (ANOVA table, Appendix 8). Analysis revealed no significant main effects or interactions between the variables. The gender of the child, the gender of the adult and the response of the child were not found to significantly affect the way in which subjects attributed responsibility to the child.

Table 5:
Means for Attribution of Responsibility Ratings of Child
(Professional/Volunteer Sample).

Child Response by Gender of Child							
Adult	Male			Female			Total
	Enc	Res	Pass	Enc	Res	Pass	
Male	n = 5 1.00	n = 6 1.00	n = 6 1.00	n = 6 1.36	n = 6 1.00	n = 6 1.00	n = 35 1.06
Female	n = 5 1.00	n = 4 1.00	n = 6 1.00	n = 5 1.01	n = 6 1.07	n = 4 1.00	n = 30 1.01
							n = 65 1.04

Key. Enc = encouraging, Res = resistant, Pass = passive, n = number in condition

A slight tendency for the child to be attributed more responsibility when the adult was a male was revealed by the mean ratings (Table 5), however this was not found to be significant, $F(1, 63) = .55, p = .463$. Another pattern revealed through means was the tendency for subjects in the Professional/Volunteer sample to attribute more responsibility to the child in the encouraging condition (1.10), than those in the passive (1.00) and resistant condition (1.02) but again this was not significant, $F(2, 62) = .792, p = .458$. Lastly, means indicated that female children were likely to be attributed higher rates of responsibility than male children (1.07 compared with 1.00) however this was not significant, $F(1, 63) = 1.306, p = .258$.

Attribution of Responsibility to Adult: Professional/Volunteer Sample

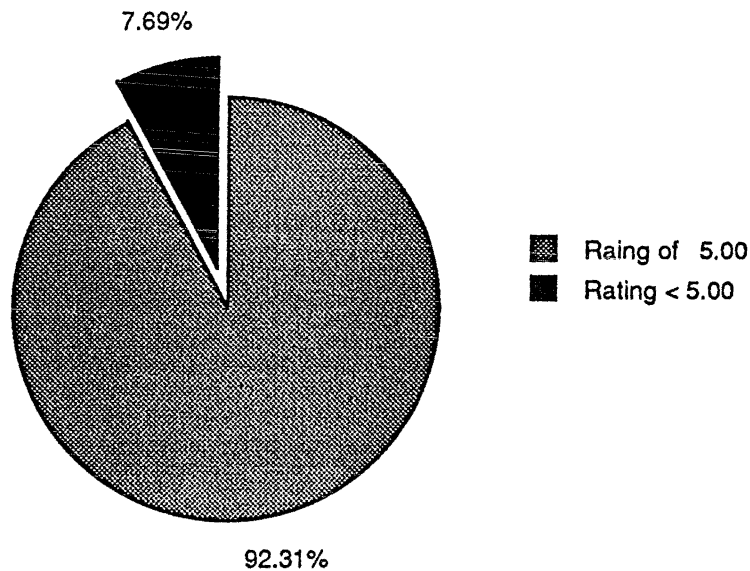


Figure 6: Percentage of Subjects Attributing Maximum Rating of Responsibility (5.00) to the Adult (Professional/Volunteer Sample)

It would appear, from the average rating of responsibility attributed to the adult by the Professional/Volunteer sample (4.96), subjects held the adult almost entirely responsible for the sexual encounter. Ratings of the adult ranged from 4.00 to 5.00. Most of the subjects in this sample rated the adult as totally responsible (92.31%) (Figure 6).

Analysis of variance was conducted on the data (ANOVA table, Appendix 9). No significant effects were found for the gender of the adult, $F(1,63) = .444$, $p = .508$, or the response of the child, $F(2, 63) = .411$, $p = .665$. The gender of the child was however approaching significance, $F(2, 62) = 3.7$, $p = .06$ and thus warrants further examination. Table 6 shows the mean ratings attributed to the adult over all conditions.

Table 6:
Means for Attribution of Responsibility Ratings of Adult (Professional/Volunteer Sample).

Child Response by Gender of Child							
Adult	Male			Female			Total
	Enc	Res	Pass	Enc	Res	Pass	
Male	n = 5 5.00	n = 6 5.00	n = 6 5.00	n = 6 5.00	n = 6 4.83	n = 6 5.00	n = 35 4.97
Female	n = 5 5.00	n = 4 5.00	n = 6 5.00	n = 5 4.94	n = 6 4.97	n = 4 4.75	n = 30 4.94
							n = 65 4.96

Key. Enc = encouraging, Res = resistant, Pass = passive, n = number in condition

Means indicate that the adult was attributed more responsibility when the child was a male (5.00) than when the child was a female (4.92). This implies that the subjects found the adult was to blame less when the child is female and especially if the female child acted in a passive way (4.88).

Table 7:
Mean Ratings Attributed to the Adult Showing the Response and Gender of the Child.

Response of Child				
Child	Encouraging	Resistant	Passive	Total
Male	n = 10 5.00	n = 10 5.00	n = 12 5.00	n = 32 5.00
Female	n = 11 4.97	n = 12 4.9	n = 10 4.88	n = 33 4.92
Total	n = 21 4.99	n = 22 4.95	n = 22 4.94	n = 65 4.96

Key n = number in condition

Attribution of Responsibility to Child: Mixed Data

The data from the Student sample and the Professional/Volunteer sample were combined to test whether the child gender, adult gender, child response, and sample group one belonged to, affected the attribution of responsibility to the child. A four-factor analysis of variance was conducted on the data (ANOVA table, Appendix 10). Findings revealed that neither the gender of the child, $F(1, 208) = .955$ $p = .330$, nor the gender of the adult, $F(1, 208) = .024$, $p = .877$ had any significant affect on the way subjects attributed responsibility to the child. However, the response of the child, $F(1, 208) = 4.689$, $p < .05$, and the group, $F(1, 208) = 11.038$, $p < .01$, variables affected attribution of responsibility to the adult at a significant level. Table 8 shows the mean ratings attributed to the child by both groups in terms of the response of the child.

Table 8:
Mean Ratings of the Child for Differing Responses (Mixed Sample)

Response of Child				
Group	Encouraging	Resistant	Passive	Total
Student	n = 48 1.58	n = 48 1.06	n = 48 1.24	n = 144 1.29
Professional/ Volunteer	n = 21 1.09	n = 22 1.02	n = 22 1.00	n = 65 1.04
Total	n = 69 1.34	n = 70 1.04	n = 70 1.12	n = 209 1.17

Key n = number in condition.

The way that the child responded influenced the way in which subjects as a whole attributed responsibility at a significant level. Overall, most responsibility was attributed to the child in the encouraging condition followed by those in the passive condition. Children in the resistant condition were generally rated as the least responsible. The mean rating for children in the encouraging condition was 1.34 (Table 8). Children responding in a resistant way were rated as the least responsible with an average rating of 1.04.

Children in the passive condition (1.12) were rated as more responsible than the children in the resistant condition but less responsible than those in the encouraging condition. No significant interaction was established between the response of the child and the group subjects belonged to, $F(2, 204) = 2.524, p = .083$. Both Student sample and the Professional/Volunteer sample followed a similar pattern of attributing most responsibility to children in the encouraging condition, followed by the passive condition, and least responsibility to children in the resistant condition.

The group had a definite effect on how people attributed responsibility to the child. While generally speaking the amount of responsibility attributed to the child was low for both groups, the mean rating attributed by subjects in the Student sample (1.29) was considerably higher than that of the Professional/Volunteer sample (1.04). Subjects in the Professional/Volunteer sample were much more likely to rate the child as not responsible (1.00) than Student subjects (Figure 7). A large majority (93.86%) of Professional/Volunteer subjects rated the child as not responsible. However, 33.34% of the Student subjects attributed some degree of responsibility to the child.

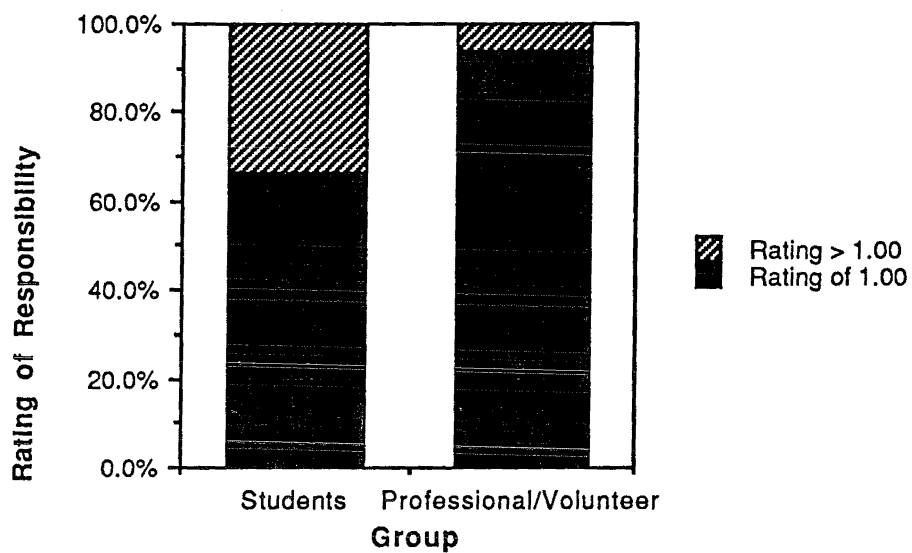


Figure 7: Comparison Between Ratings of Responsibility Attributed to the Child by Student and Professional/Volunteer Subjects

N.B. 1.00 = Not Responsible

Attribution of Responsibility to Adult: Mixed Sample

An ANOVA conducted on the ratings of responsibility attributed to the adult found only one significant main effect . The group that subjects belonged to (Student or Professional/Volunteer) significant affected the way they attributed responsibility to the adult, $F(1, 207) = 9.996, p < .01$.

Table 9:
Mean Ratings of the Adult for Differing Responses (Mixed Sample)

Group	Response of Child			Total
	Encouraging	Resistant	Passive	
Student	n = 48 4.82	n = 48 4.76	n = 48 4.78	n = 144 4.79
Professional/ Volunteer	n = 21 4.99	n = 22 4.95	n = 22 4.94	n = 65 4.96
Total	n = 69 4.91	n = 70 4.86	n = 70 4.86	n = 209 4.88

Key: n = number in condition.

Means indicated that Professional/Volunteer subjects were more likely to attribute more responsibility to the adult than the Student subjects (Table 9). The average rate of responsibility attributed to the adult by Professional/Volunteer subjects was 4.96, while the average rating attributed by Student subjects was 4.76. This was not significantly affected by the gender of the child, gender of the adult or the response of the child (ANOVA table, Appendix 11).

In addition to the higher average rating attributed by the Professional/Volunteer sample, these subjects were also much more likely to rate the adult as totally responsible than Students. While almost 30% of the Student sample were not willing to rate the adult “totally responsible”, 92.31% of Professional/Volunteer subjects attributed a rating of 5.00 to the adult (Figure 8).

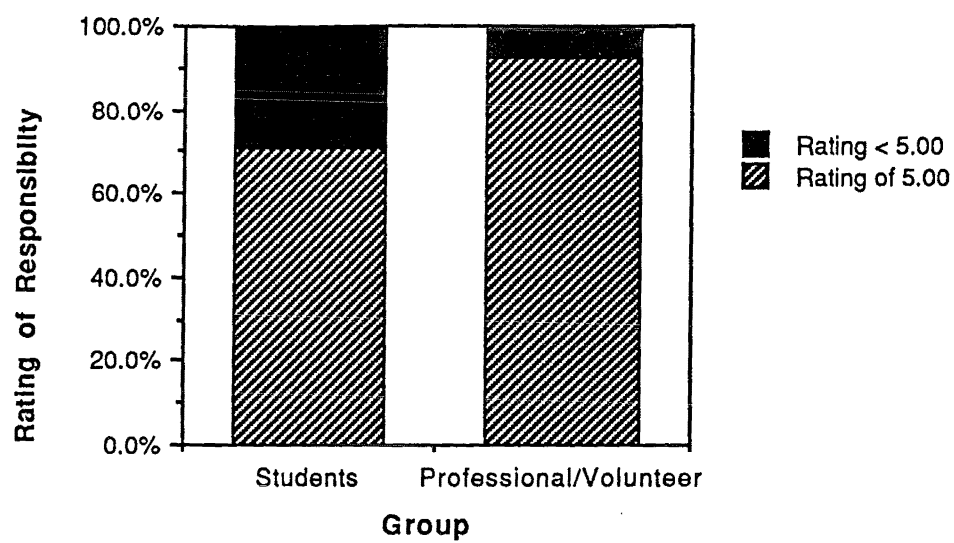


Figure 8: Comparison Between Ratings of Responsibility Attributed to the Adult by Student and Professional/Volunteer Subjects

Content Analysis of Written Responses.

The written responses regarding the responsibility subjects attributed to the adult and child were sorted for analysis. Two types of raw data were selected for analysis:

- 1. Subjects who attributed the child ratings of greater than 1.00, and
- 2. Subjects who attributed the adult ratings of less than 5.00.

A selection of themes or categories were then defined for the child and adult data. Separate content analyses were conducted on the Student and Professional/Volunteer samples by the experimenter and another independent judge. The inter-judge reliability for the child rating data was 87.3%. For the data pertaining to the adult, the inter-rater reliability was 94.3%.

Table 10:
Percentage and Number of Subjects Attributing Ratings of Greater Than 1.00 to the Child According to Content Themes.

	Students (n = 46)	Profs/Vols (n = 4)	Total (n = 50)
Child Responded to the neighbour	17.39% (8)	—	16% (8)
Child did not resist	23.91% (11)	—	22% (11)
Child should have known better	4.35% (2)	—	4% (2)
No clear reason given	36.96% (17)	75% (3)	40% (20)
Other	13.04% (6)	25% (1)	14% (7)

Note. The number of subjects mentioning the theme is in parentheses, this does not included those subjects where raters failed to agree. (n=) the total number of sample attributing ratings greater than 1.00. Subjects may be included in more than one category.

Content analysis revealed that the majority of participants (40%) failed to give a clear reason to account for the rating that they attributed to the child. There was a marked difference in content between the Student and Professional/Volunteer samples. Students attributed responsibility to the child for a variety of reasons (Table 10). A number of students attributed responsibility to the child because he or she "did not resist" (23.91%). Others felt that the child deserved some blame for responding to the neighbour (17.395), or because he or she should have known better (4.35%). By far the most students failed to give a clear reason for their responsibility attributions (36.96%).

The responses of the Professional/Volunteer sample concerning their reasons for attributing responsibility to the child related only to the "no clear reason given" and "other" themes. No Professional/Volunteer subjects felt that the child should have known better, or resisted. Likewise, none of the subjects in this sample attributed responsibility based on the response of the child. The majority of Professional/Volunteers who attributed ratings of greater than 1.00 gave no clear reason for their rating.

Table 11:
Percentage and Number of Subjects Attributing Ratings of Less Than 5.00 to the Adult According to Content Themes.

	Students (n = 40)	Profs/Vols (n = 5)	Total (n = 45)
Neighbour is "sick"/ needs help	20% (8)	–	17.35% (8)
May have been abused as a child	17.5% (7)	20% (1)	17.35% (8)
Society must take some responsibility	5% (2)	20% (1)	6.67% (3)
Parents must take some responsibility	10% (4)	20% (1)	11.11% (5)
No clear reason given	2.5% (1)	40% (2)	6.67% (3)
Other	27.5% (11)	–	24.44% (11)

Note. The number of subjects mentioning the theme is in parentheses, this does not included those subjects where raters failed to agree. (n=) the total number of sample attributing ratings less than 5.00. Subjects may be included in more than one category.

Reasons for attributing less than total responsibility to the adult were varied and are presented above (Table 11). By far the most students gave reasons other than those included in the content analysis themes. A quarter of the Student subjects who attributed less than total responsibility to the adult felt that the adult was sick. A slightly smaller number (17.5%) thought that the adult was not fully responsible, because he or she may have been abused as a child. Other reasons that Student subjects gave to explain their ratings were, that society (5%) or parents (10%) must take some responsibility. One Student gave no clear reason for the rating they attributed. A total of 11 students gave reasons which fitted into the "other" category.

Raw data collected from the Professional/Volunteer sample revealed that none of those who attributed ratings of less than 5.00 reasoned that the neighbour was "sick". Two Professional/Volunteer subjects gave no clear reason for the rating they attributed. The remaining subjects were evenly

distributed between the themes relating to the abusers own possible experience (20%), the responsibility of society (20%), and the responsibility of the parents (20%).

How Likely Data

Because it was incomplete, no formal analysis could be conducted on these data. However an informal analysis revealed several findings of interest. Of the students who answered this question (110), over half felt that the encounter that they read about was either very likely or likely (52.74%) . However of those who rated the encounter as unlikely or very unlikely (30.9%), almost three quarters had read a condition involving a female adult. A total of 16.36% of the students who replied to this question did not know whether the encounter was likely or not.

A much higher percentage of the Professional/Volunteer sample thought that the encounter was very likely or likely. Of the entire Professional/Volunteer sample 52 subjects responded to this question. A total of 71.16% of these, thought that the encounter was very likely or likely. A further 21.15% rated the encounter as unlikely or very unlikely. As with the Student sample the majority of those responding in this manner had read a condition involving a female adult. Relatively few of the Professional/Volunteer subjects indicated that they did not know how likely the encounter was.

Discussion

This study serves to establish a basic pattern of responsibility attribution for child sexual abuse in a New Zealand setting using a replication of the study conducted by Broussard and Wagner (1988). Further, by comparing two different groups (Students and Professional/Volunteers), it supports the finding put forward by Doughty and Schneider (1987), that the attribution of responsibility for child sexual abuse decreases as a function of education and experience. Several interesting findings emerged from this study which give support to theory proposed by a number of researchers (Broussard and Wagner, 1988; Doughty and Schneider, 1987; Jackson and Ferguson, 1983; Kelley, 1990; Waterman and Foss-Goodman, 1983) that the attribution of responsibility for child sexual abuse is affected by a variety of factors. These factors include the gender of the respondent, the gender of the adult, and the occupational experience with child sexual abuse. Overall findings indicate that in certain instances, the offender is not held entirely responsible for his or her actions.

Student Sample

With regards to the Student sample, the present results only partially replicate the findings of Broussard and Wagner (1988). Contrary to their findings, significant gender differences were noted for the responsibility ratings for the child. Female students were more likely to attribute less responsibility to the child than males. This was evident not only in a lower average rating over all, but by the fact that a higher percentage of females compared to males rated the child as "not responsible". For the student sample as a group, a large number of subjects (33.34%) attributed some degree of responsibility to the

child. A similar number (29.17%) of the subjects felt that the adult was not entirely responsible.

Neither the present study, nor the study by Broussard and Wagner found significant effects for the gender of the child, or the gender of the offending adult in the way that students attributed responsibility to the child. However both studies found significant effects regarding the response of the child. Children in the encouraging condition were attributed higher responsibility ratings than those in the passive and the resistant condition. Those children in the resistant condition were seen as the least responsible for the abuse. These findings concerning the gender of the child and adult, and the response of the child are consistent with the findings of Broussard and Wagner. The finding that encouraging and passive children are held more responsible than those children who try to resist is also consistent with the results of Stermac and Segal (1987).

The findings made in relation to the responsibility attributed to the child suggest that a number of subjects believe that the child may in some instances encourage or provoke sexually abusive behaviour. This is especially true in cases where the child is seen to be encouraging or even passive. This is also despite the fact that the child described in vignettes in this study is only seven years old.

A quite different pattern of results emerged concerning the responsibility attributed to the offender. Consistent with the findings reported by Broussard and Wagner, there was no evidence to suggest that either the gender of the child, or the gender of the adult had any significant effect on the responsibility that was attributed to the adult. However the significant respondent gender effect on responsibility attribution to the offending adult in this study was particularly surprising. Whereas Broussard and Wagner found that the gender

of the respondent did not affect the attribution of responsibility to the adult, the results of this study indicate that females attributed higher levels of responsibility to the adult than male subjects. Also contrary to Broussard and Wagner, the response that the child made did not affect responsibility attribution. So although the child's actions may serve to increase the responsibility that is attributed to him or her, these response do not necessarily influence the responsibility that is attributed to the adult.

Additional findings contrary to those made by Broussard and Wagner emerged with regards to certain interactive effects. While this study failed to establish any significant interactive effects, Broussard and Wagner found several. Their results suggested that male respondents attributed less responsibility to males, and rated the adult as less responsible when the child was encouraging. In addition they found that the gender of the child combined with the child's response affected the attribution of responsibility to the adult, in that the adult was seen as less responsible when the child was encouraging and male. However no such effects were noted in this study.

Clearly the gender of the respondent in this study played a crucial role in the attribution of responsibility. The fact that females attributed lower rates of responsibility to the child and higher rates of responsibility to the adult may suggest that women have a greater empathy, or understanding of the dynamics of child sexual abuse. This is not surprising, given that generally statistics indicate that females are more likely to be abused than males (Abbott, 1985). The response of the child was also influential for this sample group, but only as far as it affected the responsibility attributed to the child. The gender of the child and the gender of the adult did not appear to influence the responsibility judgements that people made.

Professional/Volunteer Sample

Again the findings made by Broussard and Wagner (1988) were only partially replicated using the Professional/Volunteer sample. There were no significant effects found for the Professional/Volunteer sample at all. In as far as the responsibility attributed to the child, none of the variables, gender of the child, gender of the adult or response of the child were found to be significant. Likewise no significant effects were found for the attribution of responsibility to the adult. Over all results suggested that subjects in this sample almost unanimously held the child not responsible for the sexual abuse. Nearly 94% of these subjects attributed the minimum rating to the child. With regards to the responsibility attributed to the adult, subjects in this sample almost invariably held the adult totally responsible for the sexual abuse. Just over 92% of these subjects attributed the maximum rating to the adult. This is at odds with the results reported by Kelley (1990), who found that only 12% of her sample of child protective workers, nurses and police officers attributed full responsibility to the adult. However unlike the present study, subjects in Kelley's study were asked to attribute responsibility in relation to the child, the mother, the offender, and society. Thus scales in the present study may have directed the subjects to make attributions which may have been different had further options been available.

The findings made regarding the Professional/Volunteer subjects' tendency to attribute total responsibility to the adult and none to the child may illustrate the effect that Lamb (1986) warns therapists to guard against. Subjects in this group may perhaps automatically attribute total responsibility to the adult as an attempt to relieve the child of any feelings of guilt. However, Lamb proposes that this reaction, however caring and well intentioned, may serve only to leave the child feeling powerless for the future. These findings could be explained in terms of a general belief that a seven year old child is too

young to fully comprehend the situation and thus does not have the knowledge to make the appropriate decisions or responses, but must rely on the adult to do the right thing.

Between Group Findings and Content Analysis

A comparison of the two groups revealed an interesting result consistent with the finding made by Doughty and Schneider (1987). Subjects in the Professional/Volunteer sample were much less likely to attribute responsibility to the child than those in the Student group. Given the significant main effect finding for child response it is not surprising that content analysis indicated that many of the students attributing responsibility to the child felt that by responding, or even by not resisting the child was partially responsible. One subject went so far as to say "Mary knew what she was doing and very likely enjoyed the experience of having a secret."..Another remarked that "I wish she had said no...". These findings are similar to those made by Waterman and Foss-Goodman (1984).

It is interesting to note that for both the sample groups, a number of subjects gave no clear reason for the responsibility they attributed to the child. This may be indicative of a failure to mark the Likert scale in the appropriate place rather than a direct attempt to attribute responsibility to the child.

Results showed that Professional/Volunteers were more likely to hold the adult entirely responsible, irrespective of the response of the child. This difference may be explained in terms of experience with or actual knowledge of child sexual abuse. It appears that subjects in the Professional/Volunteer sample may better understand child sexual abuse through their interaction with children who have experienced it. This theory is supported by the fact that

subjects in the Professional/Volunteer sample did not differentiate between child responses when attributing responsibility to the child. Clearly, compared to others, those who work with victimised children have a greater knowledge of the possible behaviours which the child may adopt to cope with what may be and usually is a traumatic situation. This is interesting in terms of the research by Kelley (1986) and Summitt (1983) who both point out that the apparently encouraging and passive behaviour noted by many researchers (Bender and Blau, 1937; Brant and Tisza, 1977; Krieger et al, 1980) may be a reaction to cope with a traumatic, and confusing situation. This is a reaction which almost always involves a betrayal by someone that the child knows.

Although compared to the Professional/Volunteer sample a smaller percentage of students felt the adult was entirely responsible, neither group seemed to feel that the response of the child should affect the responsibility that was attributed to the offending adult. However for those who did attribute less responsibility to the adult other factors were influential. While Professional/Volunteers basically agreed that the adult was responsible, a number of the Students felt that the adult was "sick" or "may have been abused as a child" and thus was entitled to some leniency. One subject wrote that "the neighbour had probably experienced sexual abuse as a child so was also a victim of circumstance to some degree." This comment is particularly interesting, given that the child involved in the vignette resisted the neighbour.

While no formal analysis was conducted on the reasons people gave for finding the child not responsible, written responses overwhelmingly suggested that subjects in both groups saw the incident as more than child sexual abuse. A number of subjects' written responses suggested that they regarded the incident as an abuse of power and authority. Many subjects expressed the idea that children are taught to obey adults and that the adult had taken advantage of this. There was also a consistent theme suggesting that the

child's trust in the adult had been betrayed. These themes, relating to power, authority and trust were also often expressed as reasons for attributing total responsibility to the adult by both groups.

“How Likely”

The informal data collected in relation to how likely the subjects thought that the encounter was to occur seemed to suggest that if the offending adult was a women, subjects thought that the encounter was unlikely or very unlikely to occur. This result may be due to the fact that by far the greatest number of those cases reported involve a male offender (Saphira, 1987). The small number of subjects who responded that they “did not know” how likely the particular abusive incidence was to occur, in the Professional/Volunteer sample may suggest that this group has a more realistic outlook on child sexual abuse

Evaluation of the Study

Several shortcomings were noted in the method of this study. Firstly, although the two sample groups were assumed to differ in terms of knowledge of and experience with child sexual abuse, this assumption may not be entirely correct. It may be that those students who volunteer for research concerning child sexual abuse have a particular interest in the topic. Conversations following the research (prompted by the subjects) led the researcher to conclude that many of the student subjects either experienced abuse, or had experience working in the area.

Another problem which emerged related to the set Likert scales presented to the subjects to record their responsibility ratings. It seems possible that these

scales may have been overly directive and thus may have limited the results. By including scales only for the child and adult, subjects were not encouraged to attribute responsibility to sources other than these. It could be assumed then, that findings may not give a true indication of who or what individuals hold responsible for child sexual abuse. The studies by Doughty and Schneider (1987), Jackson and Ferguson (1983), Kelley (1990) and Waterman and Foss-Goodman (1984) all suggest that the individual often attributes responsibility to other factors including, society, the situation and/ or the non-participating parent. It would be an interesting adaptation to this research to simply ask subjects an open ended question in relation to the vignette, for instance "who or what do you think is responsible for the situation that you have just read?". This would give subjects a chance to think rather than be directed to the obvious choices.

An additional problem was again related to the Likert scales. Content analysis indicated that many of the subjects did not give a reason for attributing responsibility to the child. In small number of cases their written responses seemed to suggest that they did not hold the child responsible at all. This suggests that they did not mark the Likert scale in the correct manner. This problem could be overcome by simply asking subjects to attribute a percentage of responsibility to the source(s) they believe to be responsible. This method was successfully used in the research conducted by Waterman and Foss-Goodman (1984).

Further Research

Results of the current research provide the incentive to further research the variables affecting the attribution of responsibility for child sexual abuse. In particular attention should be given to establishing other factors which

subjects attribute responsibility for child sexual abuse, by perhaps asking more open ended questions. Thus avoiding any prompting or over directing of the subject. Clearly less directive research would serve to increase our knowledge of who or what individuals believe to be responsible for child sexual abuse. Also the response of the child and the gender of respondent variables, and how these affect responsibility attributions, clearly warrant further attention. However as was suggested earlier, a method (for instance attributing percentage of responsibility) which allows the subjects to make more precise attribution may be in order, since any Likert scale is necessarily open to the misinterpretation of the experimenter.

The differences found in the attribution of responsibility between the two groups in this study provide further incentive for future study. Only a small number of researchers thus far (Doughty and Schneider; Kelley, 1990; Stermac and Segal, 1989) have investigated responsibility attribution in relation to between group differentiation. However the consistent findings in this area imply that knowledge and experience may give individuals a more realistic understanding of the dynamics of child sexual abuse. Further research in this area then would illustrate groups who hold perhaps inappropriate or potentially damaging beliefs and who would benefit from further education or training.

Another interesting approach to further research would be to study the way in which the responsibility attributions of therapist and others with whom the child comes into contact correlate with effects. It would be interesting and beneficial to test whether a negative response to a disclosure of sexual abuse influences the subsequent effects suffered by the victim.

Lastly, the finding of several researchers (Doughty and Schneider, 1987; Jackson and Ferguson, 1983, Waterman and Foss-Goodman), that personal

experience of abuse may influence responsibility attributions for child sexual abuse, illustrates the importance of collecting this type of information from subjects. Thus it is recommended that any future research in this area should take this into account

Conclusion

The current study is one of the first studies of its type performed in a New Zealand setting and is largely consistent with overseas research. Despite its few limitations the study increases our awareness of the way in which people make responsibility attributions. Clearly, various factors can impact on the attribution of responsibility for child sexual abuse. Those identified in this study relate to the gender of the respondent, the response of the child and occupational experience of child sexual abuse. However the full range of these factors has yet to be determined.

The findings made by other researchers (Kelley, 1990; Ringwalt and Earp, 1988) regarding the relationship between attributions of responsibility and recommendations for intervention illustrate an important point. Obviously the way in which individuals attribute blame for child sexual abuse may have far reaching and serious ramifications.

The tendency for some students to attribute sometimes quite high levels of responsibility to the child, is of major concern. It may be that people not specially trained in the area have unrealistic expectations of the child's ability to make appropriate decisions when faced with a sexually abusive situation. The work of Kelley (1986) and Summitt (1983) suggests that the normal pattern of response of a child may be at odds with the expectations some individuals hold regarding the appropriate behaviour the child should display.

According to these two researchers passivity and/or seemingly “precocious” behaviour is merely a strategy for coping with a traumatic experience.

The study of responsibility attribution for child sexual abuse is in its infancy. Clearly, further research is needed to explore other variables, and determine how they affect attributions of responsibility.

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Appendix 1: Original Vignette (Broussard and Wagner, 1988)

N.B. Changes in italics.

Mary a 15 year-old child, was home alone when the 35 year-old man who lived next door came to visit while Mary's parents were out shopping. Mary was sitting on the sofa in the living room. She smiled at the neighbour and asked the man to sit beside her. (She watched as the man walked towards her: She watched as the man walked towards her). The neighbour sat down and the two of them began talking. The man placed his hand on Mary's leg and began rubbing the child's body. Mary then placed her hand on the neighbours leg rubbing the man's body in the same manner (Mary watched silently: Mary pushed the man's hand away and told him to stop).

The man told Mary to lie down on the sofa, telling her she would enjoy this, that it would feel good. Mary smiled and embraced the neighbour as the two of them lay down together (Mary did nothing: Mary tried to break free but the man was too strong for her).

The man continued *petting* Mary's body and then slowly undressed her. When Mary was naked, the neighbour began kissing the child's body, starting with her face, and working his way down to Mary's thighs. Then the neighbour sat up and Mary put her hand inside the mans slacks on the front of his underpants and began *petting the man's* body (Then the neighbour sat up and put Mary's hand inside his slacks on the front of his underpants and made Mary *pet the man's* body as he had done to her: Then the neighbour sat up and made Mary put her hand inside his slacks on the front of his underpants and tried to make Mary *pet the man's* body as he had done to her).

No statement in encouraging vignette (Mary did as she was told at once: Mary tried to get away but was unable to do so).

Then the neighbour undressed and Mary lay on top of him while the man fondled the child's buttocks (Then the neighbour undressed and lay on top of Mary while he fondled the child's buttocks: Then the neighbour undressed and lay on top of Mary while he fondled the child's buttocks).

The man fondled Mary's genitals as he continued to caress the child's body. Then Mary fondled the neighbour's buttocks and genitals as she caressed the man (Mary lay completely motionless: Mary struggled to break loose).

The neighbour had an orgasm while rubbing himself against the child. The man brought Mary her clothes and warned her not to tell her parents what had happened. The neighbour told Mary that this game was to remain their secret.

CONSENT FORM

Brief description of the project: Read a brief description of a sexual encounter between an adult and a child. Then answer questions arising from the description

Risks associated with participation: There are no obvious risks involved in participating in this experiment, however the nature of the reading material may disturb some subjects

Time required: approximately 10 mins.

Name of researcher / supervisor: Sandra Ford / Prof. Ken Strongman

I agree to participate in the project described above, on the understanding that if at any time I wish to withdraw from the experiment I may, without prejudice, do so. All information collected will be confidential as will the identity of participants.

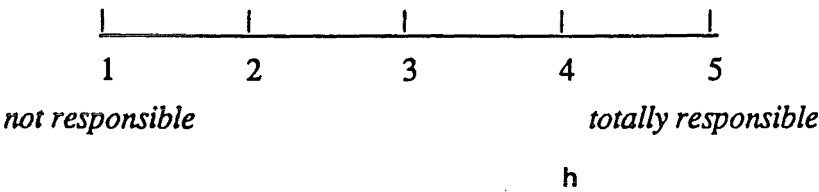
Name

Signature

Date.....

Please rate responsibility by marking a cross at the appropriate place on the scales below

Rate the amount of responsibility you would attribute to John/Mary



What are your reasons for attributing/not attributing responsibility in this manner?

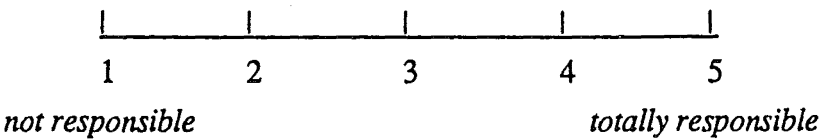
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Rate the amount of responsibility you would attribute to the neighbour.



What are your reasons for attributing/not attributing responsibility in this manner?

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Please write any additional comments below

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.....

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Appendix 4: Written Instructions to the Professional/Volunteers.

Thank you for taking part in this experiment.

This experiment is designed to look generally at attitudes toward child sexual abuse. A sample of students has been taken and your response will be included as part of a sample of "professionals" working in the area of child sexual abuse.

You have been randomly given one of several short stories to read which describes a sexual encounter between an adult and a child. The stories differ in number of ways including the gender of both the child and the adult. After treading the story you're asked to answer several questions relating back to it. There is also a question which allows you to make any additional comments relating to any aspect of the experiment. Any feedback is welcome.

Please remember that your answers are completely confidential and anonymous, so please feel that you can be candid. Remember also that this is a voluntary experiment and if you feel at any time that you wish to discontinue, please do so.

Please return in the enclosed envelope at your earliest convenience.

Thank you

Sandra Ford

667 001, (ext 7195)

Appendix 5: Raw data: Student Sample

Key: Subjects 1-72 = females, 73-144 = males; Gender 1 = female, 2 = male; Response 1 = encouraging, 2 = resistant, 3 = passive; How likely 1 = very likely, 2 = likely, 3 = unlikely, 4 = very unlikely, 5 = don't know.

Subject	Quest 1	Quest 2	How likely	Gender Subject	Gender Child	Gender Adult	Child Resp	Age Subject
1	1.38	4.55	1	1	2	1	1	20
2	2.30	4.45		1	2	1	1	33
3	1.00	5.00	5	1	2	1	1	18
4	1.00	5.00	1	1	2	1	1	29
5	1.40	4.65	5	1	2	1	1	19
6	1.00	5.00	3	1	2	1	1	22
7	1.00	5.00	5	1	2	1	2	25
8	1.00	5.00	4	1	2	1	2	29
9	1.00	5.00	2	1	2	1	2	20
10	1.00	5.00	2	1	2	1	2	21
11	1.00	5.00	5	1	2	1	2	22
12	1.00	4.00	2	1	2	1	2	19
13	1.00	5.00	1	1	2	1	3	39
14	1.00	5.00	1	1	2	1	3	32
15	1.00	5.00	2	1	2	1	3	25
16	1.00	4.00	2	1	2	1	3	27
17	1.00	5.00		1	2	1	3	17
18	1.00	5.00	4	1	2	1	3	18
19	1.00	5.00	5	1	2	2	1	20
20	1.20	4.60		1	2	2	1	21
21	1.00	5.00	1	1	2	2	1	19
22	2.00	4.90	5	1	2	2	1	19
23	1.00	5.00	2	1	2	2	1	20
24	1.90	4.20	5	1	2	2	1	20
25	1.05	5.00	5	1	2	2	2	19
26	1.00	5.00	2	1	2	2	2	33
27	1.00	5.00	1	1	2	2	2	30
28	1.30	5.00		1	2	2	2	27
29	1.00	5.00	1	1	2	2	2	18
30	1.00	5.00	1	1	2	2	2	18
31	2.00	4.50	5	1	2	2	3	19
32	1.00	5.00	2	1	2	2	3	30
33	1.00	5.00		1	2	2	3	26
34	1.00	5.00	3	1	2	2	3	20
35	1.00	5.00	2	1	2	2	3	20
36	1.00	5.00	2	1	2	2	3	24
37	1.10	4.90	2	1	1	1	1	18
38	1.00	5.00	1	1	1	1	1	20
39	1.00	5.00	2	1	1	1	1	20
40	1.00	5.00		1	1	1	1	18
41	1.00	5.00	2	1	1	1	1	19
42	1.10	4.85		1	1	1	1	24
43	1.00	5.00	5	1	1	1	2	20
44	1.00	5.00	2	1	1	1	2	24

Subject	Quest 1	Quest 2	How likely	Gender Subject	Gender Child	Gender Adult	Child Resp	Age Subject
45	1.00	5.00	1	1	1	1	2	21
46	1.00	5.00		1	1	1	2	18
47	1.00	5.00	3	1	1	1	2	20
48	1.00	4.00	3	1	1	1	2	22
49	1.00	5.00		1	1	1	3	19
50	2.00	5.00	2	1	1	1	3	20
51	1.00	4.05	1	1	1	1	3	21
52	1.00	5.00	5	1	1	1	3	21
53	1.00	5.00		1	1	1	3	23
54	1.00	5.00	3	1	1	1	3	22
55	1.00	5.00		1	1	2	1	21
56	1.00	5.00		1	1	2	1	48
57	1.00	5.00	2	1	1	2	1	35
58	1.00	5.00	3	1	1	2	1	29
59	1.00	4.00	2	1	1	2	1	20
60	1.95	5.00	1	1	1	2	1	20
61	1.00	5.00		1	1	2	2	18
62	1.10	5.00		1	1	2	2	23
63	1.00	5.00		1	1	2	2	18
64	1.00	5.00		1	1	2	2	27
65	1.00	4.00	1	1	1	2	2	19
66	1.00	5.00	2	1	1	2	2	19
67	1.15	5.00	2	1	1	2	3	21
68	1.00	5.00	1	1	1	2	3	21
69	2.00	5.00	2	1	1	2	3	20
70	1.00	5.00	2	1	1	2	3	28
71	1.00	5.00		1	1	2	3	19
72	1.00	5.00	2	1	1	2	3	35
73	1.85	4.35	4	2	2	1	1	23
74	2.00	5.00	3	2	2	1	1	20
75	1.00	5.00	4	2	2	1	1	29
76	1.30	5.00		2	2	1	1	25
77	1.00	5.00	4	2	2	1	1	52
78	1.75	4.85	4	2	2	1	1	22
79	1.00	5.00	2	2	2	1	2	27
80	1.00	5.00	4	2	2	1	2	18
81	1.00	4.00	5	2	2	1	2	21
82	1.00	5.00		2	2	1	2	21
83	1.00	4.00	3	2	2	1	2	20
84	1.00	5.00	3	2	2	1	2	18
85	1.00	5.00		2	2	1	3	38
86	1.00	5.00		2	2	1	3	19
87	2.00	5.00	4	2	2	1	3	18
88	1.05	5.00	5	2	2	1	3	18
89	2.05	4.05	3	2	2	1	3	19
90	2.00	5.00	3	2	2	1	3	18
91	3.00	5.00	1	2	2	2	1	19
92	3.90	4.45		2	2	2	1	19
93	2.00	4.00	3	2	2	2	1	19

Subject	Quest 1	Quest 2	How likely	Gender Subject	Gender Child	Gender Adult	Child Resp	Age Subject
94	1.00	5.00	1	2	2	2	1	25
95	1.00	5.00	2	2	2	2	1	23
96	1.00	5.00	3	2	2	2	1	19
97	1.00	5.00	2	2	2	2	2	24
98	1.00	5.00		2	2	2	2	21
99	1.00	5.00	3	2	2	2	2	19
100	1.00	3.75		2	2	2	2	19
101	1.00	5.00	3	2	2	2	2	28
102	1.00	5.00	3	2	2	2	2	18
103	1.00	5.00	2	2	2	2	3	21
104	2.00	5.00		2	2	2	3	21
105	1.00	5.00	5	2	2	2	3	28
106	1.40	4.75	2	2	2	2	3	18
107	1.00	5.00	2	2	2	2	3	20
108	1.00	5.00		2	2	2	3	25
109	1.00	5.00		2	2	1	1	23
110	4.00	5.00	4	2	1	1	1	21
111	3.00	4.00	2	2	1	1	1	20
112	2.00	4.00	4	2	1	1	1	19
113	2.00	4.70	4	2	1	1	1	20
114	3.00	5.00		2	1	1	1	22
115	1.00	4.00	3	2	1	1	2	19
116	1.00	5.00	5	2	1	1	2	21
117	1.00	5.00	3	2	1	1	2	21
118	1.20	4.90	2	2	1	1	2	24
119	3.00	5.00		2	1	1	2	18
120	1.00	4.00	4	2	1	1	2	20
121	1.00	5.00	3	2	1	1	3	20
122	1.00	5.00	5	2	1	1	3	29
123	1.00	5.00	3	2	1	1	3	18
124	1.20	4.90	2	2	1	1	3	27
125	3.00	5.00	1	2	1	1	3	18
126	1.00	4.00	2	2	1	1	3	25
127	1.00	5.00	5	2	1	2	1	18
128	1.25	5.00	3	2	1	2	1	22
129	1.20	4.85		2	1	2	1	21
130	2.00	5.00	2	2	1	2	1	21
131	1.10	4.95	5	2	1	2	1	18
132	4.10	5.00	1	2	1	2	1	50
133	1.05	4.00	2	2	1	2	2	19
134	1.15	4.10	1	2	1	2	2	22
135	1.00	5.00	2	2	1	2	2	31
136	1.00	5.00		2	1	2	2	18
137	1.00	5.00	4	2	1	2	2	29
138	1.00	5.00	2	2	1	2	2	23
139	1.30	5.00	2	2	1	2	3	20
140	2.00	5.00		2	1	2	3	18
141	1.00	4.00	1	2	1	2	3	22
142	1.00	4.00	2	2	1	2	3	19

Subject	Quest 1	Quest 2	How likely	Gender Subject	Gender Child	Gender Adult	Child Resp	Age Subject
143	1.00	3.00	2	2	1	2	3	35
144	3.00	4.00	2	2	1	2	3	18

Appendix 5 cont'd: Raw data: Professional/Volunteer Sample

Key: Gender 1 = female, 2 = male; Response 1 = encouraging, 2 = resistant, 3 = passive; How likely 1 = very likely, 2 = likely, 3 = unlikely, 4 = very unlikely, 5 = don't know.

Subject	Quest 1	Quest 2	How likely	Gender Child	Gender Adult	Child Resp	Age Subject
1	1.00	5.00	1	2	1	1	53
2	1.00	5.00		2	1	1	35
3	1.00	5.00	3	2	1	1	37
4	1.00	5.00	5	2	1	1	40
5	1.00	5.00	5	2	1	1	56
6	1.00	5.00	2	2	1	2	?
7	1.00	5.00		2	1	2	50
8	1.00	5.00	2	2	1	2	38
9	1.00	5.00	2	2	1	2	51
10	1.00	5.00	3	2	1	3	45
11	1.00	5.00	3	2	1	3	28
12	1.00	5.00	2	2	1	3	41
13	1.00	5.00	2	2	1	3	30
14	1.00	5.00	5	2	1	3	42
15	1.00	5.00	5	2	1	3	38
16	1.00	5.00	1	2	2	1	41
17	1.00	5.00	1	2	2	1	34
18	1.00	5.00	2	2	2	1	37
19	1.00	5.00	2	2	2	1	54
20	1.00	5.00	2	2	2	1	45
21	1.00	5.00	1	2	2	2	29
22	1.00	5.00	1	2	2	2	38
23	1.00	5.00		2	2	2	29
24	1.00	5.00		2	2	2	28
25	1.00	5.00	2	2	2	2	38
26	1.00	5.00	1	2	2	2	47
27	1.00	5.00	2	2	2	3	43
28	1.00	5.00	1	2	2	3	33
29	1.00	5.00	2	2	2	3	44
30	1.00	5.00	2	2	2	3	34
31	1.00	5.00	3	2	2	3	52
32	1.00	5.00		2	2	3	33
33	1.00	5.00		1	1	1	29
34	1.00	4.85	3	1	1	1	30
35	1.00	5.00	3	1	1	1	35
36	1.00	5.00		1	1	1	23
37	1.05	4.85	2	1	1	1	45

Subject	Quest 1	Quest 2	How likely	Gender Child	Gender Adult	Child Resp	Age Subject
38	1.00	5.00	2	1	1	2	23
39	1.00	5.00	4	1	1	2	27
40	1.00	5.00	1	1	1	2	29
41	1.00	5.00	3	1	1	2	30
42	1.00	5.00	3	1	1	2	29
43	1.40	4.80	2	1	1	2	46
44	1.00	5.00		1	1	3	35
45	1.00	5.00		1	1	3	48
46	1.00	5.00	1	1	1	3	35
47	1.00	5.00	1	1	1	3	34
48	1.00	5.00		1	2	1	29
49	1.00	5.00	3	1	2	1	26
50	1.00	5.00	2	1	2	1	33
51	1.00	5.00	2	1	2	1	42
52	3.00	5.00	4	1	2	1	46
53	1.15	5.00	2	1	2	1	38
54	1.00	5.00	1	1	2	2	44
55	1.00	4.00		1	2	2	33
56	1.00	5.00	1	1	2	2	24
57	1.00	5.00	2	1	2	2	39
58	1.00	5.00	1	1	2	2	29
59	1.00	5.00		1	2	2	41
60	1.00	5.00	2	1	2	3	27
61	1.00	5.00	1	1	2	3	40
62	1.00	5.00		1	2	3	47
63	1.00	5.00	1	1	2	3	31
64	1.00	5.00	1	1	2	3	47
65	1.00	5.00	2	1	2	3	44

Appendix 6: Table of Results for a Four-Factor Analysis of Variance on Child Rating Data (Student Sample)

Source:	df:	Sum of Squares:	Mean Square:	F-test:	P value:
gender resp (A)	1	4.666	4.666	14.356	.0002
gender child (B)	1	.26	.26	.8	.3728
AB	1	.748	.748	2.302	.1318
gender adult (C)	1	.017	.017	.053	.8177
AC	1	.277	.277	.853	.3574
BC	1	.333	.333	1.023	.3138
ABC	1	.265	.265	.816	.3681
child response (D)	2	6.539	3.27	10.06	.0001
AD	2	2.497	1.249	3.842	.0241
BD	2	.002	.001	.002	.9977
ABD	2	.692	3.46	1.065	.348
CD	2	.046	.023	.071	.9317
ACD	2	.005	.003	.008	.9922
BCD	2	.765	.383	1.177	.3117
ABCD	2	1.436	.718	2.21	.1142
Error	120	39	.325		

Appendix 7: Table of Results for a Four-Factor Analysis of Variance on Adult Rating Data (Student Sample)

Source:	df:	Sum of Squares:	Mean Square:	F-test:	P value:
gender resp (A)	1	.701	.701	3.354	.462
gender child (B)	1	.163	.163	1.014	.316
AB	1	.532	.532	3.3	.0718
gender adult (C)	1	.005	.005	.031	.8602
AC	1	.003	.003	.018	.8929
BC	1	.019	.019	.117	.7325
ABC	1	.006	.006	.039	.844
child response (D)	2	.073	.036	.226	.7978
AD	2	.25	.125	.777	.462
BD	2	.477	.239	1.481	.2315
ABD	2	.397	.198	1.231	.2955
CD	2	.034	.017	.106	.8991
ACD	2	.391	.19	1.182	.3101
BCD	2	.282	.141	.874	.4199
ABCD	2	.619	.31	1.922	.1508
Error	120	.19.333	.161		

Appendix 8: Table of Results for a Three-Factor Analysis of Variance on Child Rating Data (Professiona/Volunteer Sample)

Source:	df:	Sum of Squares:	Mean Square:	F-test:	P value:
gender child (A)	1	.083	.083	1.306	.2582
gender adult (B)	1	.035	.035	.548	.4626
AB	2	.035	.035	.548	.4626
child response (C)	2	.101	.101	.792	.4581
AC	2	.101	.101	.792	.4581
BC	2	.131	.065	1.021	.3671
ABC	2	.131	.065	1.021	.3671
Error	53	3.387	.064		

Appendix 9: Table of Results for a Three-Factor Analysis of Variance on Adult Rating Data (Professiona/Volunteer Sample)

Source:	df:	Sum of Squares:	Mean Square:	F-test:	P value:
gender child (A)	1	.115	.115	3.7	.0598
gender adult (B)	1	.014	.014	.444	.5081
AB	1	.014	.014	.444	.5081
child response (C)	2	.026	.013	.411	.6649
AC	2	.026	.013	.411	.6649
BC	2	.098	.049	1.579	.2156
ABC	2	.098	.049	1.579	.2156
Error	53	1.644	.031		

Appendix 10: Table of Results for a Four-Factor Analysis of Variance on Child Rating Data (Student and Professiona/Volunteer Sample)

Source:	df:	Sum of Squares:	Mean Square:	F-test:	P value:
gender child(A)	1	.273	.273	.955	.3298
gender adult B)	1	.007	.007	.024	.8769
AB	1	.027	.027	.093	.7607
child response (C)	2	2.685	1.343	4.689	.0103
AC	2	.06	.03	.104	.9011
BC	2	.113	.056	.197	.8217
ABC	2	.095	.048	.166	.8469
group (D)	1	3.161	3.161	11.038	.0011
AD	1	.002	.002	.006	.9383
BD	1	.052	.052	.183	.6696
ABD	1	.226	.226	.788	.376
CD	2	1.446	.723	2.524	.0829
ACD	2	.082	.041	.143	.8665
BCD	2	.097	.049	.17	.8439
ABCD	2	.554	.277	.967	.3823
Error	185	52.975	.286		

Appendix 11: Table of Results for a Four-Factor Analysis of Variance on Child Rating Data (Student and Professiona/Volunteer Sample)

Source:	df:	Sum of Squares:	Mean Square:	F-test:	P value:
gender child(A)	1	.256	.256	1.983	.1607
gender adult B)	1	.019	.019	.145	.7035
AB	1	4.696	4.696	.004	.952
child response (C)	2	.076	.038	.293	.746
AC	2	.253	.127	.982	.3763
BC	2	.028	.014	.11	.8961
ABC	2	.078	.039	.302	.74
group (D)	1	.129	1.29	9.996	.0018
AD	1	.003	.003	.027	.8707
BD	1	.003	.003	.027	.8707
ABD	1	.03	.03	.234	.629
CD	2	.004	.002	.016	.9839
ACD	2	.074	.037	.287	.7508
BCD	2	.128	.064	.498	.6088
ABCD	2	.23	.115	.891	.4121
Error	185	23.866	.129		